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	Doddinent rage i or	
Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
Western District of North Carolina		
Case number (If known):	Chapter you are filing under:	
	Chapter 7	
	Chapter 11	
	Chapter 12	
	Chapter 13	

Check if this is an amended filing

### Official Form 101

## Voluntary Petition for Individuals Filing for Bankruptcy

12/22

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Р	art 1: Identify Yourself		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		
	Write the name that is on your	JAMES	SUSAN
	government-issued picture identification (for example,	First name	First name
	your driver's license or	REUBEN	HUNT
	passport).	Middle name	Middle name
	Delana	BURTON	BURTON
	Bring your picture identification to your meeting	Last name	Last name
	with the trustee.	Jr.	
		Suffix (Sr., Jr., II, III)	Suffix (Sr., Jr., II, III)
2.	All other names you have used in the last 8 years Include your married or	First name  Middle name	First name  Middle name
	maiden names and any assumed, trade names and	Last name	Last name
	doing business as names.		Last name
	Do NOT list the name of any	GLOBAL ENERGY SOLUTIONS	
	separate legal entity such as a corporation, partnership, or LLC that is not filing this petition.	Business name (if applicable)	Business name (if applicable)
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx - xx - <u>7903</u>	xxx - xx - <u>1811</u>

Case 23-30128

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Last Name

Middle Name

First Name

	About Debtor 1:		About Debtor 2 (Sp	Journal of the state of the sta	donn Jasej.
Your Employer Identification Number					
(EIN), if any.	EIN		EIN		
· Where you live			If Debtor 2 lives at	a different add	ress:
	105 GRAHAM HALL (	COURT	105 GRAHAM HALL	COURT	
	Number Street		Number Street		
	MATTHEWS	NC 28104	MATTHEWS	NC	28104
	City	State ZIP Code	City	State	ZIP Code
	UNION-NC		UNION-NC		
		ess is different from the one Note that the court will send this mailing address.	If Debtor 2's mailing yours, fill it in here, any notices to this m	. Note that the o	
	If your mailing addre above, fill it in here.	Note that the court will send	If Debtor 2's mailing	. Note that the o	
	If your mailing addre above, fill it in here. I any notices to you at t	Note that the court will send	If Debtor 2's mailing yours, fill it in here. any notices to this m	. Note that the o	
	If your mailing addre above, fill it in here. I any notices to you at t	Note that the court will send	If Debtor 2's mailing yours, fill it in here any notices to this m	. Note that the o	
· Why you are choosing	If your mailing addre above, fill it in here. I any notices to you at t	Note that the court will send this mailing address.	If Debtor 2's mailing yours, fill it in here any notices to this more any notices.  Number Street  P.O. Box	. Note that the calling address.	court will send
Why you are choosing this district to file for bankruptcy	If your mailing addre above, fill it in here. I any notices to you at to the notices to you at the notices. It is not to you at the notices to you at the	Note that the court will send this mailing address.	If Debtor 2's mailing yours, fill it in here any notices to this many notices to this many notices.  Number Street  P.O. Box	Note that the chailing address.  State	ZIP Code

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Debtor 1 JAMES REUBEN BURTODOCUMENT Page 3 of 73 Jr. Case number (if known)

Last Name

Middle Name

First Name

Part 2: Tell the Court About Your Bankruptcy Case 7. The chapter of the Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box. **Bankruptcy Code you** are choosing to file Chapter 7 under Chapter 11 Chapter 12 Chapter 13 8. How you will pay the fee I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address. I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A). I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition. 9. Have you filed for No. bankruptcy within the Yes. District last 8 years? MM / DD / YYYY 10. Are any bankruptcy No. cases pending or being Yes. Debtor Relationship to you filed by a spouse who is When Case Number, if known not filing this case with MM / DD / YYYY you, or by a business partner, or by an affiliate?

11. Do you rent your residence?

No. Go to line 12

Yes. Has your landlord obtained an eviction judgment against you?

No. No. Go to line 12

Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it as part of this bankruptcy petition.

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Debtor 1

**JAMES** 

REUBEN

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Case number (if known)

First Name

Middle Name

Last Name

_		3

Report About Any Businesses You Own as a Sole Proprietor

12. Are you a sole proprietor of any full- or part-time business?

> A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or H.C.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

Go to Part 4.

Yes. Name and location of business

CAROLINAS AGENT INC

Name of business, if any

105 GRAHAM HALL COURT

Number Street

**MATTHEWS** 

NC State 28104 ZIP Code

City

Check the appropriate box to describe your business:

Health Care Business (as defined in 11 U.S.C. § 101(27A))

Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))

Stockbroker (as defined in 11 U.S.C. § 101(53A))

Commodity Broker (as defined in 11 U.S.C. § 101(6))

None of the above

13. Are you filing under Chapter 11 of the **Bankruptcy Code and** are you a small business debtor or a debtor as defined by 11 U.S.C.§ 1182(1)?

> For a definition of small business debtor, see 11 U.S.C. § 101(51D).

If you are filing under Chapter 11, the court must know whether you are a small business debtor or a debtor choosing to proceed under Subchapter V so that it can set appropriate deadlines. If you indicate that you are a small business debtor or you are choosing to proceed under Subchapter V, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).

- No. I am not filing under Chapter 11.
- No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.
- Yes. I am filing under Chapter 11, I am a small business debtor according to the definition in the Bankruptcy Code, and I do not choose to proceed under Subchapter V of Chapter 11.
- Yes. I am filing under Chapter 11, I am a debtor according to the definition § 1182(1) of the Bankruptcy Code, and I choose to proceed under Subchapter V of Chapter 11.

Part 4:

Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention

14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?

> For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

No.

Yes What is the hazard?

> If immediate attention is needed, why is it needed?

Where is the property?

Number Street

City

State ZIP Code Case 23-30128 Doc 1 Filed 02/22/23 Entered 02/22/23 09:09:03 Desc Main

Debtor 1 JAMES REUBEN BURTO DOCUMENT Page 5 of 73

First Name Middle Name Last Name

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

#### 15. Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### **About Debtor 1:**

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity. I have a mental illness or a mental

deficiency that makes meincapable of realizing or making

meincapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me

to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

**Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

Case number (if known)

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days

I am not required to receive a briefing about credit counseling because of:

Incapacity. I have a mental illness or a mental

deficiency that makes meincapable of realizing or making rational decisions about finances.

**Disability.** My physical disability causes me to be unable to participate in a

briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

**Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Debtor 1 **JAMES** 

REUBEN

BURTO DOCUMENT

Case number (if known)

First Name Last Name Middle Name

16. What kind of debts do you have?	16a.		consumer debts? Consumer debts and I primarily for a personal, family, or ho		
	16b.		ousiness debts? Business debts are estment or through the operation of the		
		No. Go to line 16c.	estinent of through the operation of the	ie business of investment.	
		Yes. Go to line 17			
	16c		owe that are not consumer debts or bu	usiness dehts	
	100.		owe that are not consumer desire of st		
<sup>17.</sup> Are you filing under Chapter 7?	١	No. I am not filing under Chap	oter 7. Go to line 18		
Do you estimate that after any exempt property is	١		r 7. Do you estimate that after any exe are paid that funds will be available to		
excluded and		No			
administrative expenses are paid that funds will be available for distribution to unsecured creditors?		Yes			
18. How many creditors do		1-49	1,000-5,000	25,001-50,000	
you estimate that you		50-99	5,001-10,000	50,001-100,000	
owe?		100-199 200-999	10,001-25,000	More than 100,000	
<sup>19.</sup> How much do you	;	\$0-\$50,000	\$1,000,001-\$10 million	\$500,000,001-\$1 billion	
estimate your assets to	:	\$50,001-\$100,000	\$10,000,001-\$50 million	\$1,000,000,001-\$10 billion	
be worth?		\$100,001-\$500,000	\$50,000,001-\$100 million	\$10,000,000,001-\$50 billion	
	:	\$500,001-\$1 million	\$100,000,001-\$500 million	More than \$50 billion	
20. How much do you	;	\$0-\$50,000	\$1,000,001-\$10 million	\$500,000,001-\$1 billion	
estimate your liabilities	:	\$50,001-\$100,000	\$10,000,001-\$50 million	\$1,000,000,001-\$10 billion	
to be?	:	\$100,001-\$500,000	\$50,000,001-\$100 million	\$10,000,000,001-\$50 billion	
	;	\$500,001-\$1 million	\$100,000,001-\$500 million	More than \$50 billion	
Part 7: Sign Below					
For you	I have	•	I declare under penalty of perjury that	t the information provided is true and	
	of title		oter 7, I am aware that I may proceed, nderstand the relief available under ea	if eligible, under Chapter 7, 11,12, or 13 ach chapter, and I choose to proceed	
	If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).				
	•		the chapter of title 11, United States 0	• • •	
	with a		in fines up to \$250,000, or imprisonm	g money or property by fraud in connection ent for up to 20 years, or both.	
	X _sie	gnature of Debtor 1	XSignatur	e of Debtor 2	
			· ·		
	ĽΧ	decuted on 02/22/2023 MM / DD / YYYY	_	d on 02/22/2023 MM / DD / YYYY	

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First Name

Middle Name

Last Name

For your attorney, if you are represented by one  If you are not represented by an attorney, you do not need to file this page.	to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.				
	X	Date			
	Signature of Attorney for Debtor		MM / DD / YYYY		
	Printed name				
	Firm name				
	Number Street				
	City	State	ZIP Code		
	Contact phone	Email address			
	Bar number	State			

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Debtor 1 **JAMES**  REUBEN

викторосиment

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Case number (if known)

First Name

Middle Name

Last Name

For you if you are filing this bankruptcy without an attorney

If you are represented by an attorney, you do not need to file this page.

The law allows you, as an individual, to represent yourself in bankruptcy court, but you should understand that many people find it extremely difficult to represent themselves successfully. Because bankruptcy has long-term financial and legal consequences, you are strongly urged to hire a qualified attorney.

To be successful, you must correctly file and handle your bankruptcy case. The rules are very technical, and a mistake or inaction may affect your rights. For example, your case may be dismissed because you did not file a required document, pay a fee on time, attend a meeting or hearing, or cooperate with the court, case trustee, U.S. trustee, bankruptcy administrator, or audit firm if your case is selected for audit. If that happens, you could lose your right to file another case, or you may lose protections, including the benefit of the automatic stay.

You must list all your property and debts in the schedules that you are required to file with the court. Even if you plan to pay a particular debt outside of your bankruptcy, you must list that debt in your schedules. If you do not list a debt, the debt may not be discharged. If you do not list property or properly claim it as exempt, you may not be able to keep the property. The judge can also deny you a discharge of all your debts if you do something dishonest in your bankruptcy case, such as destroying or hiding property, falsifying records, or lying. Individual bankruptcy cases are randomly audited to determine if debtors have been accurate, truthful, and complete. Bankruptcy fraud is a serious crime; you could be fined and imprisoned.

If you decide to file without an attorney, the court expects you to follow the rules as if you had hired an attorney. The court will not treat you differently because you are filing for yourself. To be successful, you must be familiar with the United States Bankruptcy Code, the Federal Rules of Bankruptcy Procedure, and the local rules of the court in which your case is filed. You must also be familiar with any state exemption laws that apply.

Are you aware that filing for bankruptcy is a serious action with long-term financial and legal consequences?

No

Yes

Are you aware that bankruptcy fraud is a serious crime and that if your bankruptcy forms are inaccurate or incomplete, you could be fined or imprisoned?

No

Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out your bankruptcy forms?

No

Yes. Name of Person

Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

By signing here, I acknowledge that I understand the risks involved in filing without an attorney. I have read and understood this notice, and I am aware that filing a bankruptcy case without an attorney may cause me to lose my rights or property if I do not properly handle the case.

X		X	
Signature of D	Debtor 1	Signature of D	ebtor 2
Date	02/22/2023 MM / DD / YYYY	Date	02/22/2023 MM / DD / YYYY
Contact phon	e <u>980-242-8195</u>	Contact phone	
Cell phone	980-242-8195	Cell phone	704-502-3781
Email address	susanhburton@outlook.com	Email address	

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			Document	Page 9 01 7
Fill in this inf	ormation to id	entify your case:		
Debtor 1	JAMES	REUBEN	BURTON	Jr.
	First Name	Middle Name	Last Name	
Debtor 2 (Spouse, if filing)	SUSAN	HUNT	BURTON	
(,	First Name	Middle Name	Last Name	
United States E	Bankruptcy Court	for the: Western Distr	rict of North Carolina	
Case number (If known)			_	

Check if this is an amended filing

### Official Form 106Dec

## Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

No	
Yes. Name of person	. Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).
er penalty of perjury, I declare that I h hey are true and correct.	nave read the summary and schedules filed with this declaration and
	nave read the summary and schedules filed with this declaration and

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			Document	raye 10 01 1
Fill in this inf	ormation to identi	fy your case:		
Debtor 1	JAMES	REUBEN	BURTON	Jr.
	First Name	Middle Name	Last Name	
Debtor 2 (Spouse, if filing)	SUSAN	HUNT	BURTON	
	First Name	Middle Name	Last Name	
United States E	Bankruptcy Court for th	ne: Western District	of North Carolina	
Case number (If known)				

Check if this is an amended filing

### Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

	Your as Value of	sets what you own
Schedule A/B: Property (Official Form 106A/B)		
1a. Copy line 55, Total real estate, from Schedule A/B	\$	1100000.0
1b. Copy line 62, Total personal property, from Schedule A/B	\$	10229324.9
1c. Copy line 63, Total of all property on Schedule A/B	. \$	11329324.9
art 2: Summarize Your Liabilities		
	Your lia Amount	<b>bilities</b> you owe
Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)		
2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	550000.0
Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)		
3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i>	\$	3615.9
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	<b>+</b> \$	79554.4
Your total liabilities	\$	633170.3
Summarize Your Income and Expenses		
Schedule I: Your Income (Official Form 106I)		
Convigue combined monthly income from line 12 of Cohedula I	\$	15000.0
Copy your combined monthly income from line 12 of Schedule I		
Schedule J: Your Expenses (Official Form 106J)		

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Debtor 1 JAMES REUBEN BURTO DOCUMENT Page 11 of 73 Jr. Case number (if known)

First Name Middle Name Last Name

Part 4:

Answer These Questions for Administrative and Statistical Records

#### 6. Are you filing for bankruptcy under Chapters 7, 11, or 13?

No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. Yes

#### 7. What kind of debt do you have?

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. From the *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$ 10250.00
\$ 10250.00

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total cla	aim
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	3615.95
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+ \$	0.00
9g. <b>Total.</b> Add lines 9a through 9f.	\$	3615.95

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Fill in this information to identify your case:					
Debtor 1	JAMES	REUBEN	BURTON	Jr.	
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse, if filing)	SUSAN	HUNT	BURTON		
	First Name	Middle Name	Last Name		
United States E	Bankruptcy Court for the	e: Western District o	of North Carolina		
Case number					

Check if this is an amended filing

Official Form 106A/B

## Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1	Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In							
1. <b>Do</b>	you own or have an	y legal o	r equitable inte	erest in any residence, building, land, or similar pro	operty?			
	No. Go to Part 2.							
	Yes. Where is the prop	erty?						
1.1	105 GRAHAM HA			What is the property? Check all that apply.  Single-family home  Duplex or multi-unit building	the amou	educt secured cunt of any secur s Who Have Cla	ed claims o ims Secure	on Schedule D: ed by Property.
			Condominium or cooperative	Current value of the Current value entire property? portion you				
	MATTHEWS	NC	28104	Manufactured or mobile home  Land	•		•	•
	City	State	ZIP Code	Investment property	\$	1100000.00	» —	1100000.00
	UNION-NC			Timeshare		be the nature t (such as fee		
	County			Other		ireties, or a li		
				Who has an interest in the property? Check one.  Debtor 1 only  Debtor 2 only		ICY BY THE E		
				Debtor 1 and Debtor 2 only		eck if this is e instructions		ity property
				At least one of the debtors and another	(00		,	
				Other information you wish to add about this item such as local property identification number:	,			
				er all of your entries from Part 1, including any entrier here.				1100000.00
Part 2	Describe You	ur Vehic	eles					
				rest in any vehicles, whether they are registered on hicle, also report it on Schedule G: Executory Contracts				
3. Car	s, vans, trucks, trac	ctors, spo	ort utility vehic	les, motorcycles				
	No							
	Yes							

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First Name Middle Name Last Name

Case number (if known)

3.1	Make: Model Year: Approximate mileage: Other information:	CHEVORLET AVALANCHE 2012 117000	Who has an interest in the property? Check one.  Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors and another	the amount of any secure Creditors Who Have Cla	laims or exemptions. Put ed claims on Schedule D: ims Secured by Property. Current value of the portion you own?
If you c	own or have more than	one, describe here:	Check if this is community property (see instructions)	\$ 12000.00	\$ 12000.00
3.2	Make: Model Year:	AUDI Q7 2018	Who has an interest in the property? Check one.  Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2 only	Creditors Who Have Cla	laims or exemptions. Put ed claims on Schedule D: ims Secured by Property.  Current value of the portion you own?
	Approximate mileage: Other information:	80000	At least one of the debtors and another  Check if this is community property (see instructions)	\$ 40000.00	. ,
<i>Exam</i> N	pples: Boats, trailers, mo	•	other recreational vehicles, other vehicles, and accerercraft, fishing vessels, snowmobiles, motorcycle access		
	Make: Model		Who has an interest in the property? Check one.  Debtor 1 only  Debtor 2 only	the amount of any secur	laims or exemptions. Put ed claims on Schedule D: ims Secured by Property.
	Year: Other information:		Debtor 1 and Debtor 2 only At least one of the debtors and another	Current value of the entire property?	Current value of the portion you own?
			Check if this is community property (see instructions)	\$	\$
			or all of your entries from Part 2, including any entri per here.		52000.00

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First Name Middle Name Last Name

Part 3: **Describe Your Personal and Household Items** Current value of the Do you own or have any legal or equitable interest in any of the following items? portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware No Yes. Describe. ...... HOUSEHOLD GOODS AND APPLIANCES 15000.00 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games Nο TVS, COMPUTERS, PRINTERS, CELL PHONES 4000.00 Yes. Describe. ...... 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles No Yes. Describe. ...... ARTWORK \$ 1000.00 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments No CHILDRENS BIKES, GOLF CLUBS, CARPENTRY TOOLS 800.00 Yes. Describe. ...... 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment Yes. Describe. ...... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories Yes. Describe. ...... CLOTHING AND SHOES 1500.00 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver No WOMENS JEWELRY AND MENS WATCHES 5000.00 Yes. Describe. ......

13. Non-farm animals  Examples: Dogs, cats, birds, horses	3	
No Yes. Describe		\$0.00
14. Any other personal and househo No Yes. Give specific information	ld items you did not already list, including any health aids you did not list	\$
	entries from Part 3, including any entries for pages you have attached	\$27300.00

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First Name Middle Name Last Name

#### Part 4: Describe Your Financial Assets

Do	you own or have any le	gal or e	quitable interest in an	y of the following?		portion y	value of the you own? duct secured claims ions.
16.	Cash  Examples: Money you ha	ave in yo	our wallet, in your home,	in a safe deposit box, and on hand when you	file your petition		
	Yes				Cash:	\$	700.00
17.	Deposits of money						
				s; certificates of deposit; shares in credit union tiple accounts with the same institution, list eac		es,	
	No						
	Yes			Institution name:			
		17.1	Checking account:	TRUIST		\$	4300.00
		17.2	Checking account:	CAROLINAS TELCO		\$	5.00
		17.3	Checking account:	CAROLINAS TELCO FCU		\$	35.00
		17.4	Checking account:	CAROLINAS TELCO FCU		\$	15.00
	No Yes	Institutio	on or issuer name:			\$	
19.	Non-publicly traded sto an LLC, partnership, an			ted and unincorporated businesses, includi	ng an interest in		
	No Yes. Give specific information about						
	them	Name o	f entity:		% of ownership:		
		DEI VI	TAE ENTERPRISES LL	.c	98.25 %	\$	9999999.99
		CARO	LINAS AGENT, INC.			\$	5000.00
		MARA	NATHA HOLDINGS LLC	<u> </u>		\$	0.00
20.	Negotiable instruments in	nclude p	ersonal checks, cashier hose you cannot transfe	ole and non-negotiable instruments s' checks, promissory notes, and money orders er to someone by signing or delivering them.	5.	\$	
						Ψ	

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21.	Retirement or pension ac	counts		
	Examples: Interests in IRA	A, ERISA, Keogh, 401(k), 403	8(b), thrift savings accounts, or other pension or profit-sharing plans	
	No			
	Yes. List each			
	account separately.	Type of account:	Institution name:	
				\$
22.	Security deposits and pre	epayments		
			at you may continue service or use from a company olic utilities (electric, gas, water), telecommunications	
	No			
	Yes		Institution name or individual:	
				\$
				Ψ
23.	Annuities (A contract for a	periodic payment of money	to you, either for life or for a number of years)	
	No			
	Yes	ssuer name and description:		
				\$
	-			Ψ
24.	Interests in an education 26 U.S.C. §§ 530(b)(1), 529		alified ABLE program, or under a qualified state tuition program	n.
	No			
	Yes	nstitution name and description.	Separately file the records of any interests.11 U.S.C. § 521(c):	
				\$
	-			Ψ
25.	Trusts, equitable or future exercisable for your bene	e interests in property (oth efit	er than anything listed in line 1), and rights or powers	
	No			
	Yes. Give specific			\$
	information about then	n		
26.		emarks, trade secrets, and		
	Examples: Internet domain	n names, websites, proceeds	from royalties and licensing agreements	
	No			
	Yes. Give specific	_		\$
	information about then	II		
27.	Licenses, franchises. and	d other general intangibles		
			ative association holdings, liquor licenses, professional licenses	
	No	-,	<b>3</b> ., 4	
	Yes. Give specific			\$
	information about then	n		Φ
Mo	ney or property owed to y	you?		Current value of the portion you own? Do not deduct secured
				claims or exemptions.

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Debtor 1 JAMES First Name Middle Name Last Name

28.	Tax refunds owed to you				
	No				
	Yes. Give specific information about them, including whether		Federal:	\$	
	you already filed the returns		State:	\$	
	and the tax years		Local:	\$	
00					
29.	Family support	engueal support child support mair	ntenance, divorce settlement, property settle	ment	
	No	, spousai support, criliu support, maii	nenance, divorce settlement, property settle	inent	
	Yes. Give specific information		Alimony:	\$	
			Maintenance:		
			Support		
			Divorce Settlement:		
			Property Settlement:		
				·	
30.	Other amounts someone owes you				
		nce payments, disability benefits, sid d loans you made to someone else	ck pay, vacation pay, workers' compensation	٦,	
	No	F			
	Yes. Give specific information	UNPAID EARNINGS AND CONSU	LTING FEES	\$	45000.00
31	Interests in insurance policies				
01.	Examples: Health, disability, or life insurar	nce: health savings account (HSA): o	redit homeowner's or renter's insurance		
	No	100, 110aiii. 0a 111.go aoooani (1.107.1), 0	,		
	Yes. Name the insurance company				
	of each policy and list its value	Company name:	Beneficiary:		
		EQUITABLE	DAVID HUNT	\$	970.00
32	Any interest in property that is due you	from someone who has died			
02.	If you are the beneficiary of a living trust, e		policy, or are currently entitled to receive		
	property because someone has died.		, , , , , , , , , , , , , , , , , , ,		
	No				
	Yes. Give specific information			\$	
33.	Claims against third parties, whether or	not you have filed a lawsuit or ma	de a demand for payment		
	Examples: Accidents, employment dispute	es, insurance claims, or rights to sue			
	No	KLMKH OWES MONEY TO DEBTO	DD 2 DEDSONALLY	•	0.4000.00
	Yes. Give specific information	KLINKH OWES MONET TO DEBTO	DR 2 PERSONALLT	\$	94000.00
34.	Other contingent and unliquidated clain to set off claims	ns of every nature, including coun	terclaims of the debtor and rights		
	No				
	Yes. Give specific information			\$	

No	
Yes. Give specific information	\$
36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here	\$10150024.99

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First Name

Middle Name

Last Name

Pa	rt 5: Describe Ar	y Business-Related Property You Own or Have an Interest	In. List any r	eal estate in Part 1.
37.	Do you own or have an	y legal or equitable interest in any business-related property?		
	No. Go to Part 6.			
	Yes. Go to line 38.			
				Current value of the portion you own? Do not deduct secured claims or exemptions.
38.	Accounts receivable or	commissions you already earned		
	No			
	Yes. Describe			\$
39.	Office equipment, furni			
	No No	d computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, o	chairs, electronic de	vices
	Yes. Describe			\$
40.	Machinery, fixtures, eq	uipment, supplies you use in business, and tools of your trade		
	No			1 _
	Yes. Describe			\$
41.	Inventory			•
	No			
	Yes. Describe			\$
42	Interests in partnership	os or joint ventures		
	No			
	Yes. Describe	Name of entity:	% of ownership:	
			0 %	\$
43.	Customer lists, mailing	lists, or other compilations		
	No	•		
	Yes. Do your lists i	nclude personally identifiable information (as defined in 11 U.S.C. § 101(41A	\)) <b>?</b>	
	No			
	Yes. Descri	be		\$
44.	Any business-related p	property you did not already list		
	No			
	Yes. Give specific			
	information			
				\$
45.		all of your entries from Part 5, including any entries for pages you have at		\$ 0.00
	101 I art J. Wille that Ill	IIIIVVI IIVIV		J

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Part 6:	Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1.
46. <b>Do vo</b> u	own or have any legal or equitable interest in any farm- or commercial fishing-related property?

46. Do you own or have any le	gal or equitable interest in any farm- or commercial fishing-related property?	
No. Go to Part 7.		
Yes. Go to line 47.		
		Current value of the portion you own? Do not deduct secured claims or exemptions.
47. Farm animals		
Examples: Livestock, poultry	y, farm-raised fish	
No		
Yes		\$
48. Crops—either growing or h	harvested	
No		
Yes. Give specific information		\$
•	nt, implements, machinery, fixtures, and tools of trade	
No		
Yes		\$
50. Farm and fishing supplies,	, chemicals, and feed	
No		\$
Yes		
51. Any farm- and commercial	fishing-related property you did not already list	
No		
Yes. Give specific information		\$
52 Add the dollar value of all 4	of your entries from Part 6, including any entries for pages you have attached	
	er here	\$

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Debtor 1 JAMES REUBEN BURTON DOCUMENT Page 22 of 73 Jr. Case number (if known)

Middle Name

First Name

Last Name

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership No Yes. Give specific information ..... 0.00 Part 8: List the Totals of Each Part of this Form 55. Part 1: Total real estate, line 2 1100000.00 56. Part 2: Total vehicles, line 5 52000.00 57. Part 3: Total personal and household items, line 15 27300.00 58. Part 4: Total financial assets, line 36 \$ 10150024.99 59. Part 5: Total business-related property, line 45 0.00 60. Part 6: Total farm- and fishing-related property, line 52 61. Part 7: Total other property not listed, line 54 0.00 62. Total personal property. Add lines 56 through 61. .......... 10229324.99 Copy personal property total -10229324.99 63. Total of all property on Schedule A/B. Add line 55 + line 62. 11329324.99

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			Doddinone	1 ago <b>20</b> 0
Fill in this inf	ormation to identi	fy your case:		
Debtor 1	JAMES	REUBEN	BURTON	Jr.
	First Name	Middle Name	Last Name	
Debtor 2 (Spouse, if filing)	SUSAN	HUNT	BURTON	
	First Name	Middle Name	Last Name	
United States E	Bankruptcy Court for the	ne: Western Distr	ict of North Carolina	
Case number (If known)			_	

Check if this is an amended filing

### Official Form 106C

## Schedule C: The Property You Claim as Exempt

04/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Н	Part 1:	dent	tify the Property You Clair	m as E	xempt			
1.	Which set	t of e	xemptions are you claiming?	Check	one only, even i	f yo	ur spouse is filing with you.	
	You a	re cla	niming state and federal nonban	kruptcy	exemptions. 11	U.S	S.C. § 522(b)(3)	
	You a	re cla	niming federal exemptions. 11 U	J.S.C. §	522(b)(2)			
2	For any p	roper	ty you list on <i>Schedule A/B</i> th	at you	claim as exemp	ot, fi	ill in the information below.	
		•	n of the property and line on at lists this property		nt value of the n you own?	An	nount of the exemption you claim	Specific laws that allow exemption
					he value from lule A/B	Ch	neck only one box for each exemption.	
	Brief description		105 GRAHAM HALL COURT, MATTHEWS, NC 28104	\$	1100000.00		\$	
	Line from Schedule	A/B:	1.1				100% of fair market value, up to any applicable statutory limit	
3	•		ng a homestead exemption o				led on or after the date of adjustment	t.)
	No							
	Yes. D	id yo	u acquire the property covered	by the e	exemption within	1,2	215 days before you filed this case?	
	N	0						
	Y	es						

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		Document	I age 27 c
ormation to id	entify your case:		
JAMES	REUBEN	BURTON	Jr.
First Name	Middle Name	Last Name	
SUSAN	HUNT	BURTON	
First Name	Middle Name	Last Name	
Bankruptcy Court	for the: Western Distr	rict of North Carolina	
		_	
	JAMES First Name SUSAN First Name	First Name Middle Name SUSAN HUNT First Name Middle Name	JAMES REUBEN BURTON  First Name Middle Name Last Name  SUSAN HUNT BURTON

Check if this is an amended filing

### Official Form 106D

## Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

- 1. Do any creditors have claims secured by your property?
  - No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
  - Yes. Fill in all of the information below.

	than one secured claim, list the creditor separately particular claim, list the other creditors in Part 2. tical order according to the creditor's name.	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
CAROLINAS TELCO FCU Creditor's Name PO BOX 668467 Number Street  CHARLOTTE NC 28266-5305 City State ZIP Code	Pascribe the property that secures the claim:  FAMILY HOME  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed	\$ 550000.00	\$1100000.00	\$
Who owes the debt? Check one.  Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors and another  Check if this claim is for a community debt  Date debt was incurred	Nature of lien. Check all that apply.  An agreement you made (such as mortgage or secured car loan)  Statutory lien (such as tax lien, mechanic's lien)  Judgment lien from a lawsuit  Other (including a right to offset)  Last 4 digits of account number 0006			

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Middle Name

First Name

Last Name

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

On which line in Part 1 did you enter the creditor?

Last 4 digits of account number

City

State

ZIP Code

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			= 0 0 0 1 1 1 1 0 1 1 0	. 0.0,0 = 0 0.
Fill in this inf	ormation to ide	entify your case:		
Debtor 1	JAMES	REUBEN	BURTON	Jr.
	First Name	Middle Name	Last Name	
Debtor 2 (Spouse, if filing)	SUSAN	HUNT	BURTON	
	First Name	Middle Name	Last Name	
United States E	Bankruptcy Court	for the: Western Distr	rict of North Carolina	
Case number (If known)			_	

Check if this is an amended filing

#### Official Form 106E/F

## Schedule E/F: Creditors Who Have Unsecured Claims

12/1

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Have Claims Secured by Property.* If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Р	art 1	List All of Yo	our PRI	ORITY Unsec	ured Claims						
1.	N	ny creditors have μ p. Go to Part 2. es.	oriority u	insecured clain	ns against you?						
2.	each nonp unse	claim listed, identify riority amounts. As cured claims, fill out	y what ty much as t the Con	pe of claim it is. possible, list the tinuation Page c	creditor has more than one priority unsecured claim, list If a claim has both priority and nonpriority amounts, list claims in alphabetical order according to the creditor's of Part 1. If more than one creditor holds a particular cla instructions for this form in the instruction booklet.)	tha	t claim here me. If you ha	and a	show both nore than t	priorit two pri	y and
						Т	otal claim		ority ount	Non amo	priority unt
2.1	—   <sub>₽1</sub>	NION COUNTY TA riority Creditor's Name O BOX 38 umber Street	X OFFIC	E	Last 4 digits of account number 005B  When was the debt incurred? 9/1/22  As of the date you file, the claim is: Check all that apply	\$_	3615.95	\$	3615.95	\$	0.00
	Ci W	IONROE  ty  I/ho incurred the debt Debtor 1 only Debtor 2 only Debtor 1 and Debto At least one of the o Check if this claim the claim subject to	or 2 only debtors ar	nd another	Contingent Unliquidated Disputed  Type of PRIORITY unsecured claim:  Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Other. Specify						
		Yes									

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Debtor 1 JAMES REUBEN BURT DOCUMENT Page 27 of 73 Jr. Case number (if known)

First Name Middle Name Last Name

Part 2: List ALL of Your NONPRIORITY Unsecured Claims 3. Do any creditors have nonpriority unsecured claims against you? No. You have nothing to report in this part. Submit this form to the court with your other schedules. 4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2. Total claim 4.1 REGIONAL FINANCE Last 4 digits of account number 3886 9854.00 Nonpriority Creditor's Name When was the debt incurred? 8/2021 3607 MATTHEWS MINT HILL ROAD Number Street SUITE 10 **MATTHEWS** NC 28105-4146 As of the date you file, the claim is: Check all that apply State ZIP Code City Contingent Who incurred the debt? Check one. Unliquidated Debtor 1 only Disputed Debtor 2 only Type of NONPRIORITY unsecured claim: Debtor 1 and Debtor 2 only Student loans At least one of the debtors and another Obligations arising out of a separation agreement or divorce Check if this claim is for a community debt that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offset? Other. Specify No PERSONAL LOAN Yes 4.2 MARINER FINANCE Last 4 digits of account number 7903 4500.00 Nonpriority Creditor's Name When was the debt incurred? 11/2021 14045 E INDEPENDENCE BLVD Number Street UNIT C2 **INDIAN TRAIL** NC 28079 As of the date you file, the claim is: Check all that apply ZIP Code Contingent Who incurred the debt? Check one. Unliquidated Debtor 1 only Disputed Debtor 2 only Type of NONPRIORITY unsecured claim: Debtor 1 and Debtor 2 only Student loans At least one of the debtors and another Obligations arising out of a separation agreement or divorce Check if this claim is for a community debt that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offset? Other. Specify No PERSONAL LOAN Yes 4.3 NATIONAL FINANCE Last 4 digits of account number 8563 3030.00 Nonpriority Creditor's Name When was the debt incurred? 01/25/2023 (REFI) 1102 SKYWAY DRIVE Number Street **MONROE** NC 28110-3003 As of the date you file, the claim is: Check all that apply

State

ZIP Code

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Last Name First Name Middle Name

listing any entries on this page, number them beginning	with 4, followed by 4.5, and so forth.	Tot	tal clain
Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt  Is the claim subject to offset? No Yes	Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim:  Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify PERSONAL LOAN		
TOWN OF WEDDINGTON Nonpriority Creditor's Name	Last 4 digits of account number	\$_	287
1924 WEDDINGTON ROAD  Number Street	When was the debt incurred? 9/1/2022		
City State ZIP Code  Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this claim is for a community debt  Is the claim subject to offset?  No Yes	Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim:  Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify  LOCAL TAXES		
BALLANTYNE EMERGENCY PHYSICIANS, PLLC Nonpriority Creditor's Name	Last 4 digits of account number 4216	\$_	801
501 SHELLEY DRIVE  Number Street  SUITE 300	When was the debt incurred? 04/03/2021		
TYLER TX 75701 City State ZIP Code  Who incurred the debt? Check one.  Debtor 1 only	As of the date you file, the claim is: Check all that apply  Contingent Unliquidated Disputed		
Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this claim is for a community debt	Type of NONPRIORITY unsecured claim:  Student loans  Obligations arising out of a separation agreement or divorce that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts		
Is the claim subject to offset?  No  Yes	Other. Specify  MEDICAL		
CHASE BANK	Last 4 digits of account number 9075	\$_	6611

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Last Name

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

Middle Name

First Name

**Total claim** After listing any entries on this page, number them beginning with 4.., followed by 4.5, and so forth. When was the debt incurred? 2019? PO BOX 1423 Number Street CHARLOTTE NC 28201-1423 As of the date you file, the claim is: Check all that apply State ZIP Code Contingent Who incurred the debt? Check one. Unliquidated Debtor 1 only Disputed Debtor 2 only Type of NONPRIORITY unsecured claim: Debtor 1 and Debtor 2 only Student loans At least one of the debtors and another Obligations arising out of a separation agreement or divorce Check if this claim is for a community debt that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offset? Other. Specify No AMAZON CREDIT CARD (ACCOUNT CLOSED) Yes 4.7 CAPITAL ONE Last 4 digits of account number 2737 \$ 849.00 Nonpriority Creditor's Name When was the debt incurred? 01/01/2021 PO BOX 71087 Number Street **CHARLOTTE** NC 28272-9904 As of the date you file, the claim is: Check all that apply State ZIP Code Contingent Who incurred the debt? Check one. Unliquidated Debtor 1 only Disputed Debtor 2 only Type of NONPRIORITY unsecured claim: Debtor 1 and Debtor 2 only Student loans At least one of the debtors and another Obligations arising out of a separation agreement or divorce Check if this claim is for a community debt that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offset? Other. Specify Nο CREDIT CARD (PAYMENT PLAN IN PLACE) Yes 4.8 **CREDIT ONE** Last 4 digits of account number 8295 3138.00 Nonpriority Creditor's Name When was the debt incurred? 01/01/2019 PO BOX 60500 Number Street CITY OF INDUSTRY CA 91716-0500 As of the date you file, the claim is: Check all that apply State ZIP Code Contingent Who incurred the debt? Check one. Unliquidated Debtor 1 only Disputed Debtor 2 only Type of NONPRIORITY unsecured claim: Debtor 1 and Debtor 2 only At least one of the debtors and another Obligations arising out of a separation agreement or divorce Check if this claim is for a community debt that you did not report as priority claims

No

Is the claim subject to offset?

Other. Specify

Debts to pension or profit-sharing plans, and other similar debts

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BURT DOCUMENT Page 30 of 73 Jr. Debtor 1 **JAMES REUBEN** Case number (if known) First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.., followed by 4.5, and so forth. **Total claim** VISA CREDIT CARD Yes 4.9 **CREDIT ONE** 1369.00 Last 4 digits of account number 5628 Nonpriority Creditor's Name When was the debt incurred? 01/01/2019 PO BOX 60500 Number Street CITY OF INDUSTRY CA 91716-0500 As of the date you file, the claim is: Check all that apply State ZIP Code Contingent Who incurred the debt? Check one. Unliquidated Debtor 1 only Disputed Debtor 2 only Type of NONPRIORITY unsecured claim: Debtor 1 and Debtor 2 only Student loans At least one of the debtors and another Obligations arising out of a separation agreement or divorce Check if this claim is for a community debt that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offset? No MASTERCARD CREDIT CARD Yes 4.10 4.11

	CAROLINAS TELCO FCU			Last 4 digits of account number 9222	\$_	2394.00
_	Nonpriority Creditor's Name			W/s are seen a first dish this seems dO 04/04/0040		
	PO BOX 668467			When was the debt incurred? 01/01/2019		
	Number Street					
	CHARLOTTE	NC	28266-8467	As of the date you file, the claim is: Check all that apply		
	City	State	ZIP Code	Contingent		
	Who incurred the debt? Check or	ne.		Unliquidated		
	Debtor 1 only			Disputed		
	Debtor 2 only			Type of NONPRIORITY unsecured claim:		
	Debtor 1 and Debtor 2 only					
	At least one of the debtors and	d another		Student loans Obligations arising out of a separation agreement or divorce		
	Check if this claim is for a	community d	ebt	that you did not report as priority claims		
	Is the claim subject to offset?			Debts to pension or profit-sharing plans, and other similar debts		
	No			Other. Specify		
	Yes			VISA CREDIT CARD		
	CAROLINAS TELCO FCU			Last 4 digits of account number 7903	\$	3343.00
	Nonpriority Creditor's Name			<del></del>	_	
	PO BOX 668467			When was the debt incurred? 8/2020		
	Number Street			_		
	CHARLOTTE	NC	28266-8467	As of the date you file, the claim is: Check all that apply		
	City	State	ZIP Code			
	Who incurred the debt? Check or	ne.		Contingent Unliquidated		
	Debtor 1 only			Disputed		
	Debtor 2 only			Type of NONPRIORITY unsecured claim:		
	Debtor 1 and Debtor 2 only					
	At least one of the debtors and	danother		Student loans		
_	Farm 400F/F		Sahadula E/E/ C	ditors Who Have Unsecured Claims		
ال	Form 106E/F	3	chedule E/F. Cre	uitora vino mave onsecureu Cialina	page	e 5 of 11

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Last Name First Name Middle Name

lei	listing any entries on this pag	e, number th	em beginning wit	h 4, followed by 4.5, and so forth.	Tot	al claim
	Check if this claim is for a  Is the claim subject to offset?  No	community d	ebt	Obligations arising out of a separation agreement or divorce that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  Other. Specify		
	Yes			PERSONAL LOAN		
2	CARE CREDIT			Last 4 digits of account number 6849	\$_	2461.
	Nonpriority Creditor's Name PO BOX 960061 Number Street			When was the debt incurred? 1/2016		
	ORLANDO City	FL State	32896-0061 ZIP Code	As of the date you file, the claim is: Check all that apply		
	Who incurred the debt? Check o Debtor 1 only		2.1 0333	Contingent Unliquidated Disputed		
	Debtor 2 only  Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:		
	At least one of the debtors and Check if this claim is for a  Is the claim subject to offset?  No Yes		ebt	Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify MEDICAL LINE OF CREIDT		
3	LOWES			Last 4 digits of account number 1634	\$	6253.
	Nonpriority Creditor's Name PO BOX 669807 Number Street			When was the debt incurred?		
	DALLAS City Who incurred the debt? Check o	TX State	75266-0759 ZIP Code	As of the date you file, the claim is: Check all that apply  Contingent Unliquidated		
	Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and	d another		Disputed  Type of NONPRIORITY unsecured claim:  Student loans		
	Check if this claim is for a		ebt	Obligations arising out of a separation agreement or divorce that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts		
	No Yes			Other. Specify LOWES CREDIT CARD		
4	PAY PAL CREDIT			Last 4 digits of account number 5128	\$_	1701
	960006  Number Street			When was the debt incurred? 5/2020		
	ORLANDO City	FL State	32896-0006 ZIP Code	As of the date you file, the claim is: Check all that apply		

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Last Name First Name Middle Name

fter	listing any entries on this page,	number th	em beginning wit	h 4, followed by 4.5, and so forth.	Tot	al claim
	Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only			Unliquidated Disputed  Type of NONPRIORITY unsecured claim:		
	At least one of the debtors and another  Check if this claim is for a community debt  Is the claim subject to offset?  No			Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify		
	Yes			PAY PAL CREDIT		
.15	PAY PAL CREDIT  Nonpriority Creditor's Name			Last 4 digits of account number 0950	\$_	3352.0
	PO BOX 960006  Number Street			When was the debt incurred? 1/2018		
	ORLANDO City	FL State	32896-0006 ZIP Code	As of the date you file, the claim is: Check all that apply		
	Who incurred the debt? Check one.  Debtor 1 only			Contingent Unliquidated Disputed		
	Debtor 2 only Debtor 1 and Debtor 2 only	a a tha a		Type of NONPRIORITY unsecured claim:  Student loans		
	At least one of the debtors and ar  Check if this claim is for a co		ebt	Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	Is the claim subject to offset?			Debts to pension or profit-sharing plans, and other similar debts Other. Specify		
	Yes			PAY PAL		
16	BELK Nonpriority Creditor's Name			Last 4 digits of account number 3971	\$_	4783.0
	PO BOX 530940  Number Street			When was the debt incurred?		
	ATLANTA City	GA State	30353-0940 ZIP Code	As of the date you file, the claim is: Check all that apply		
	Who incurred the debt? Check one.  Debtor 1 only			Contingent Unliquidated		
	Debtor 2 only  Debtor 1 and Debtor 2 only			Disputed  Type of NONPRIORITY unsecured claim:		
	At least one of the debtors and ar Check if this claim is for a co		ebt	Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	Is the claim subject to offset?			Debts to pension or profit-sharing plans, and other similar debts Other. Specify		
	Yes			BELK CREDIT CARD		
17	CITI BANK  Nonpriority Creditor's Name			Last 4 digits of account number 8447	\$_	2884.
	PO BOX 6286  Number Street			_		

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Debtor 1 JAMES REUBEN BURT DOCUMENT Page 33 of 73 Jr. Case number (if known)

First Name Middle Name Last Name

Your NONPRIORITY Unsecured Claims - Continuation Page

			When was the debt incurred?	
Is the claim subject to of No Yes  HERNANDEZ LAWN C Nonpriority Creditor's Name 610 RED CEDAR LANI	conly stors and another is for a community defect?	57117-1002 ZIP Code	As of the date you file, the claim is: Check all that apply  Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim:  Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify  SEARS CREDIT CARD  Last 4 digits of account number 7903  When was the debt incurred?	\$200
MONROE  City  Who incurred the debt? On the properties of the debt	only otors and another is for a community de	28110 ZIP Code	As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify LAWN CARE	
LENDING CLUB Nonpriority Creditor's Name  595 MARKET STREET Number Street  SUITE 200			Last 4 digits of account number 0987  When was the debt incurred?	\$ <u>1833</u>
SAN FRANCISCO City  Who incurred the debt? ( Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 At least one of the debt	only otors and another is for a community de	94105 ZIP Code	As of the date you file, the claim is: Check all that apply  Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim:  Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify	

Part 2:

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Last Name

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.., followed by 4.5, and so forth. **Total claim** PERSONAL LOAN Yes 4.20 **NOVANT MEDICAL** Last 4 digits of account number 1811 1611.00 Nonpriority Creditor's Name When was the debt incurred? PO BOX 8471 Number Street **CORAL SPRINGS** FL 33075-8471 As of the date you file, the claim is: Check all that apply ZIP Code Contingent Who incurred the debt? Check one. Unliquidated Debtor 1 only Disputed Debtor 2 only Type of NONPRIORITY unsecured claim: Debtor 1 and Debtor 2 only Student loans At least one of the debtors and another Obligations arising out of a separation agreement or divorce Check if this claim is for a community debt that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offset? Other. Specify No AGGREGATE MEDICAL BILLS

First Name

Yes

Middle Name

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Debtor 1 JAMES REUBEN BURT DOCUMENT Page 35 of 73 Jr. Case number (if known)

First Name Middle Name Last Name

Part 3: List Others to Be Notified About a Debt That You Already Listed 5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page. On which entry in Part 1 or Part 2 did you list the original creditor? Name Part 1: Creditors with Priority Unsecured Claims Line \_\_\_\_\_ of (Check one): Number Street Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number City ZIP Code

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Debtor 1 JAMES REUBEN

Last Name First Name Middle Name

6j. Total. Add lines 6f through 6i.

Part 4: A	dd the Amounts for Each Type of Unsecured Clai	m	
	nounts of certain types of unsecured claims. This informounts for each type of unsecured claim.	nation is	on is for statistical reporting purposes only. 28 U.S.C. § 159.
			Total claim
Total claims rom Part 1	6a. Domestic support obligations	6a.	6a. \$0.00
	6b. Taxes and certain other debts you owe the government	6b.	6b. \$3615.95
	6c. Claims for death or personal injury while you were intoxicated	6c.	6c. \$
	6d. <b>Other.</b> Add all other priority unsecured claims. Write that amount here.	6d.	6d. <b>+</b> \$0.00
	6e. <b>Total.</b> Add lines 6a through 6d.	6e.	6e. \$
			Total claim
otal claims	6f. Student loans	6f.	6f. \$0.00
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	6g. \$ <u>0.00</u>
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h.	6h. \$
	6i. <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.	6i.	6i. <b>+</b> \$

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			Doddilloll	i age or or
Fill in this inf	ormation to id	entify your case:		
Debtor 1	JAMES	REUBEN	BURTON	Jr.
	First Name	Middle Name	Last Name	
Debtor 2 (Spouse, if filing)	SUSAN	HUNT	BURTON	
(	First Name	Middle Name	Last Name	
United States E	Bankruptcy Court	for the: Western Distr	rict of North Carolina	
Case number (If known)			_	

Check if this is an amended filing

#### Official Form 106G

# Schedule G: Executory Contracts and Unexpired Leases 12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with who	m you have the contract or lease	State what the contract or lease is for
Name		
Number Street		
City	State ZIP Code	

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_				Doddilloll	i ago oo oi i
I	Fill in this inf	ormation to identify	your case:		
	Debtor 1	JAMES	REUBEN	BURTON	Jr.
l		First Name	Middle Name	Last Name	
	Debtor 2 (Spouse, if filing)	SUSAN	HUNT	BURTON	
l		First Name	Middle Name	Last Name	
	United States E	Bankruptcy Court for the	: Western District o	f North Carolina	
	Case number (If known)				

Check if this is an amended filing

## Official Form 106H

# Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

•	` , ,	
1.	Do you have any codebtors? (If you are filing a joint case, do not list either spouse as	s a codebtor.)
	No	
	Yes	
2.	Within the last 8 years, have you lived in a community property state or territory? Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Wash	
	No. Go to line 3.	
	Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?	
	No	
	Yes. In which community state or territory did you live?	Fill in the name and current address of that person.
	Name of your spouse, former spouse, or legal equivalent	
	Number Street	
	City State ZIP Code	-
3.	In Column 1, list all of your codebtors. Do not include your spouse as a codebtor shown in line 2 again as a codebtor only if that person is a guarantor or cosigner Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule Schedule E/F, or Schedule G to fill out Column 2.	. Make sure you have listed the creditor on
	Column 1: Your codebtor	Column 2: The creditor to whom you owe the debt
		Check all schedules that apply:
		Schedule D, line
	Name	Schedule E/F, line
	Number Street	Schedule G, line
		. ——
	City State ZIP Code	-
	<del></del>	

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Fill in this inf	formation to identi	fy your case:			
Debtor 1	JAMES	REUBEN	BURTON	Jr.	0
	First Name	Middle Name	Last Name		Check if this is:
Debtor 2 (Spouse, if filing)	SUSAN	HUNT	BURTON		An amended filing
	First Name	Middle Name	Last Name		A supplement showing postpetition chapter 13
United States E	Bankruptcy Court for th	ne: Western Dist	rict of North Carolina		income as of the following date:
Case number (If known)			<u> </u>		MM / DD / YYYY

#### Official Form 1061

## **Schedule I: Your Income**

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: **Describe Employment** 1. Fill in your employment Debtor 1 Debtor 2 or non-filing spouse information. If you have more than one job, attach a separate page with **Employment Status Employed** Employed information about additional Not employed Not employed employers. Include part-time, seasonal, or self-employed work. Occupation may Include student or homemaker, if it applies Occupation MANAGING DIRECTOR REAL ESTATE AGENT Employer's name DEI VITAE ENTERPRISES LLC CAROLINAS AGENT INC 105 GRAHAM HALL COURT 105 GRAHAM HALL COURT **Employer's address** Number Street Number Street **MATTHEWS** NC 28104 **MATTHEWS** NC 28104 City State Zip Code City State Zip Code How long employed there? 9 YEARS 12 YEARS Occupation **HEALTH COACH OPTAVIA** Employer's name 105 GRAHAM HALL COURT **Employer's address** Number Street Number Street **MATTHEWS** NC 28104 City City State Zip Code State Zip Code 1 YR How long employed there?

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викт**Фосиment** Page 40 of 73 Jr. Debtor 1 **JAMES** REUBEN Case number (if known) Last Name First Name Middle Name

Part 2: **Give Details About Monthly Income** 

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filling spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines

		ou or your non-filing spouse have more than one employer, combine the intow. If you need more space, attach a separate sheet to this form.	forma	ation for all employers	s for that person on the lines
				For Debtor 1	For Debtor 2 or non-filing spouse
2.		monthly gross wages, salary, and commissions (before all payroll uctions). If not paid monthly, calculate what the monthly wage would be.	2.	\$10000.00	\$5000.00
3.	Esti	mate and list monthly overtime pay.	3.	+ \$0.00	+ \$0.00
4.	Cald	culate gross income. Add line 2 + line 3.	4.	\$ 10000.00	\$5000.00
	Сор	y line 4 here	4.	\$ 10000.00	\$5000.00
5.	List	all payroll deductions:			
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$0.00	\$0.00
	5b.	Mandatory contributions for retirement plans	5b.	\$0.00	\$0.00
	5c.	Voluntary contributions for retirement plans	5c.	\$0.00	\$0.00
	5d.	Required repayments of retirement fund loans	5d.	\$0.00	\$0.00
	5e.	Insurance	5e.	\$0.00	\$0.00
	5f.	Domestic support obligations	5f.	\$0.00	\$0.00
	5g.	Union dues	5g.	\$0.00	\$0.00
	5h.	Other deductions. Specify:	5h.	+ \$0.00	+ \$
			5h.	+ \$	+\$0.00
6.	Add	<b>the payroll deductions</b> . Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h.	6.	\$	\$0.00
7.	Cald	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$10000.00	\$5000.00
8.	List	all other income regularly received:			
	8a.	Net income from rental property and from operating business, profession, or farm			
		Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$0.00	\$0.00
	8b.	Interest and dividends	8b.	\$0.00	\$0.00
	8c.	Family support payment that you, a non-filing spouse, or a dependent regularly receive			
		Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$0.00	\$0.00
	8d.	Unemployment compensation	8d.	\$	\$0.00

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						For	Debtor 1			Debtor 2 filing sp					_
	8e.	Social Securit	у	8e.		\$	0.00	-	\$	(	0.00	•			
	8f.	Other governm	nent assistance that you regularly receive												
		assistance tha	ssistance and the value (if known) of any non-cash t you receive, such as food stamps (benefits under Nutrition Assistance Program) or housing subsidies.												
		Specify:		8f.		\$	0.00		\$						
				8f.		\$			\$	(	0.00				
;	8g.	Pension or ret	irement income	8g.		\$_	0.00		\$	(	0.00				
;	8h.	Other monthly	income. Specify:	8h.	+	\$	0.00		+ \$						
				8h.	+	\$			+ \$	(	0.00				
9	Add	all other incon	ne. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	. 9.		\$	0.00	]	\$	(	0.00	]			
			income. Add line 7 + line 9. e 10 for Debtor 1 and Debtor 2 or non-filing spouse	e. 10.		\$	10000.00	]+	\$	5000	0.00	]=	\$_	15000.0	0
11.	Stat	e all other regu	lar contributions to the expenses that you list ir	n <i>Schedule</i> .	J.										
		ide contributions ds or relatives.	from an unmarried partner, members of your hous	ehold, your	dep	pend	lents, your r	oom	mate	s, and o	ther				
١	Do r	ot include any a	mounts already included in lines 2-10 or amounts t	hat are not	ava	ilabl	e to pay exp	ense	es list	ed in So	chedu	ıle J			
;	Spe	cify:							_		11.	+	\$_	0.0	0
10	V 44	the emount in	the last column of line 10 to the amount in line	11 The rea	l+ i	io th	o combined	mon	thly i	noomo			_		
			n the Summary of Your Assets and Liabilities and C							icome.	12.		\$_	15000.0	0
														nbined nthly income	
13.	Do y	ou expect an i	ncrease or decrease within the year after you fil	e this form	?										
		No.													
		Yes. Explain:	NEW JOB FOR DEBTOR 1												

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Fill in this inf	ormation to identify	y your case:		
Debtor 1	JAMES	REUBEN	BURTON	Jr.
	First Name	Middle Name	Last Name	
Debtor 2 (Spouse, if filing)	SUSAN	HUNT	BURTON	
	First Name	Middle Name	Last Name	
United States E	Bankruptcy Court for the	: Western District o	f North Carolina	
Case number (If known)				

Check if this is:

An amended filing

A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

## Official Form 106J

# Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

P	art 1:	Describe Your Househo	bld				
1.	Is this a	a joint case?					
	No.	Go to line 2.					
	Yes	s. Does Debtor 2 live in a sep	arate household?				
		No					
		Yes. Debtor 2 must file C	Official Form 106J-2, Expenses for	Separate Household of Debtor	2.		
2.	Do you	have dependents?	No	Dependent's relationship to Debtor 1 or Debtor 2	Depender age	nt's	Does dependent live with you?
	Do not I Debtor 2	ist Debtor 1 and	Yes. Fill out this information for each dependent				No
	Deblor	2.	·	DAUGHTER	9		Yes
	Do not s	state the dependents'					No
				SON	4		Yes
		es of people other than If and your dependents?	Yes				
Est exp app	art 2: timate yo penses a plicable o	Estimate Your Ongoing our expenses as of your bank s of a date after the bankrup date.	g Monthly Expenses  kruptcy filing date unless you are tcy is filed. If this is a supplement in government assistance if you ke in Schedule I: Your Income (Official	ntal <i>Schedule J</i> , check the box		of the fo	
Est exp app	art 2: timate yo penses a plicable o clude exp ch assist	Estimate Your Ongoing our expenses as of your bank s of a date after the bankrup date. enses paid for with non-cast ance and have included it or	cruptcy filing date unless you are tcy is filed. If this is a supplement government assistance if you be	ntal <i>Schedule J</i> , check the book know the value of I Form 106I.)		of the fo	orm and fill in the
Esi exi api Ind	art 2: timate you penses a plicable o clude exp ch assist The ren any rent	Estimate Your Ongoing our expenses as of your banks of a date after the bankrup date.  The senses paid for with non-cast ance and have included it or the total or home ownership expe	cruptcy filing date unless you are tcy is filed. If this is a supplement assistance if you he schedule I: Your Income (Official)	ntal <i>Schedule J</i> , check the book know the value of I Form 106I.)	x at the top	of the fo	erm and fill in the
Esi exi api Ind	art 2: timate you penses an plicable of clude exp ch assist  The ren any rent	Estimate Your Ongoing our expenses as of your banks of a date after the bankrup date.  The senses paid for with non-cast ance and have included it or that or home ownership expet for the ground or lot.	cruptcy filing date unless you are tcy is filed. If this is a supplement assistance if you he schedule I: Your Income (Official)	ntal <i>Schedule J</i> , check the book know the value of I Form 106I.)	x at the top	of the fo	erm and fill in the
Esi exi api Ind	timate you be see a consistency of the render of the rende	Estimate Your Ongoing our expenses as of your banks of a date after the bankrup date.  The senses paid for with non-cast ance and have included it or that or home ownership expet for the ground or lot.  The second of the second or lot.	ruptcy filing date unless you are tcy is filed. If this is a supplement government assistance if you has schedule I: Your Income (Official nses for your residence. Include	ntal <i>Schedule J</i> , check the book know the value of I Form 106I.)	x at the top	Your	expenses  0.00
Esi exi api Ind	timate you be see a splicable of clude expect assist  The ren any rent  If not in  4a. Rea  4b. Pro	Estimate Your Ongoing our expenses as of your banks of a date after the bankrup date.  The senses paid for with non-cast ance and have included it or that or home ownership expet for the ground or lot.  The selection of the sense of the selection of the ground or lot.  The selection of the sele	cruptcy filing date unless you are tcy is filed. If this is a supplement assistance if you has schedule I: Your Income (Official names for your residence. Include a sinsurance	ntal <i>Schedule J</i> , check the book know the value of I Form 106I.)	4.	Your	expenses  0.00  420.94
Esi exi api Ind	timate your penses as plicable of clude expect assist  The ren any rent  If not in  4a. Rea  4b. Pro  4c. Ho	Estimate Your Ongoing our expenses as of your banks of a date after the bankrup date.  The senses paid for with non-cast ance and have included it or that or home ownership expet for the ground or lot.  The sense paid for with non-cast ance and have included it or home ownership expet for the ground or lot.  The sense paid for with non-cast ance and have included it or home ownership expet for the ground or lot.  The sense paid for with non-cast ance and have included it or home ownership expet for the ground or lot.	cruptcy filing date unless you are toy is filed. If this is a supplement assistance if you had a schedule l: Your Income (Official nases for your residence. Include s insurance	ntal <i>Schedule J</i> , check the book know the value of I Form 106I.)	4. 4a. 4b.	Your  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$	0.00  420.94 397.50
Esi exi api Ind	timate your penses as plicable of clude expect assist  The ren any rent  If not in  4a. Rea  4b. Pro  4d. Hore	Estimate Your Ongoing our expenses as of your banks of a date after the bankrup date.  The senses paid for with non-cast ance and have included it or atal or home ownership expet for the ground or lot.  The sense paid for with non-cast ance and have included it or atal or home ownership expet for the ground or lot.  The sense paid for with non-cast ance and have included it or atal or home ownership expet for the ground or lot.  The sense paid for with non-cast ance and the sense paid for with non-cast ance and have included it or atal or home ownership expet for the ground or lot.  The sense paid for with non-cast ance and have included it or atal or home ownership expet for the ground or lot.	cruptcy filing date unless you are toy is filed. If this is a supplement assistance if you had a schedule l: Your Income (Official nases for your residence. Include s insurance	ntal <i>Schedule J</i> , check the book know the value of I Form 106I.) first mortgage payments and	4. 4a. 4b. 4c.	Your  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$	0.00 420.94 397.50 300.00

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Debtor 1 JAMES REUBEN BURT DC
First Name Middle Name Last Name

			Your expens	ses
	6a. Electricity, heat, natural gas	6a.	\$	290.00
	6b. Water, sewer, garbage collection	6b.	\$	67.00
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	547.00
	6d. Other Specify: CPI ALARM	6d.	\$	45.00
7.	Food and housekeeping supplies	7.	\$	2257.00
8.	Childcare and children's education costs	8.	\$	281.00
9.	Clothing, laundry, and dry cleaning	9.	\$	50.00
10.	Personal care products and services	10.	\$	100.00
11.	Medical and dental expenses	11.	\$	425.00
12.	<b>Transportation.</b> Include gas, maintenance, bus or train fare.	12.	 \$	0.00
	Do not include car payments.	13.	\$ \$	170.00
	Entertainment, clubs, recreation, newspapers, magazines, and books	14.	\$ \$	0.00
14. 15.	Charitable contributions and religious donations Insurance.	14.	Φ	0.00
	Do not include insurance deducted from your pay or included in lines 4 or 20			
	15a. Life insurance	15a.	\$	38.00
	15b. Health insurance	15b.	\$	0.00
	15c. Vehicle insurance	15c.	\$	541.00
	15d. Other. Specify: DISABILITY AND UMBRELLA	15d.	\$	75.00
16.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.			
	Specify:	16.	\$	0.00
17.	Installment or lease payments:			
	17a. Car payments for Vehicle 1	17a.	\$	742.00
	17b. Car payments for Vehicle 2	17b.	\$	316.00
	17c. Other. Specify:	17c.	\$	
	17d. Other. Specify:	17d.		
18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, <i>Schedule I</i> , Your Income (Official Form 106I).	18.	\$	0.00
19.	Other payments you make to support others who do not live with you.			
	Specify:	19.	\$	0.00
20.	Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.			
	20a. Mortgages on other property	20a.	\$	0.00
	20b. Real estate taxes	20b.	\$	0.00
				_

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Debtor 1 JAMES REUBEN BURT DOCUMENT Page 44 of 73 Jr. Case number (if known)

First Name Middle Name Last Name

Your expenses 20c. \$ 20c. Property, homeowner's, or renter's insurance 0.00 20d. 0.00 20d. Maintenance, repair, and upkeep expenses 0.00 20e. 20e. Homeowner's association or condominium dues 21. Other. Specify: 0.00 21. +\$ 22. Calculate your monthly expenses. 22a. Add lines 4 through 21. 22a. 12062.44 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 22b. 22c. Add line 22a and 22b. The result is your monthly expenses. 22c. 12062.44 23. Calculate your monthly net income. 23a. 15000.00 23a. Copy line 12 (your combined monthly income) from Schedule I. 23b. 12062.44 23b. Copy your monthly expenses from line 22c above. 23c. Subtract your monthly expenses from your monthly income. 23c. 2937.56 The result is your monthly net income. 24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage? No. Yes. Explain here:

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		Document	raye 43 0
ormation to identify	your case:		
JAMES	REUBEN	BURTON	Jr.
First Name	Middle Name	Last Name	
SUSAN	HUNT	BURTON	
First Name	Middle Name	Last Name	
Bankruptcy Court for the	: Western District	t of North Carolina	
		_	
	JAMES First Name SUSAN First Name	First Name Middle Name SUSAN HUNT First Name Middle Name	JAMES REUBEN BURTON  First Name Middle Name Last Name SUSAN HUNT BURTON

Check as directed in lines 17 and 21:
According to the calculations required by this Statement:
<ol> <li>Disposable income is not determined under 11 U.S.C. § 1325(b)(3).</li> </ol>
<ol><li>Disposable income is determined under 11 U.S.C. § 1325(b)(3).</li></ol>
3. The commitment period is 3 years.
4. The commitment period is 5 years.

Check if this is an amended filing

### Official Form 122C-1

# Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

10/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

#### Part 1: Calculate Your Average Monthly Income

1. What is your marital and filing status? Check one only.

Not married. Fill out Column A, lines 2-11.

Married. Fill out both Columns A and B, lines 2-11.

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

								umn A tor 1	Debt	mn B or 2 or filing spouse
2.	Your gross wages, salary, tips, bonuses, overtime, an payroll deductions).	d commiss	sions	(be	fore all		\$_	10000.00	\$_	250.00
3.	Alimony and maintenance payments. Do not include pa	ayments fro	m a s	spou	se.		\$_	0.00	\$_	0.00
4.	All amounts from any source which are regularly paid you or your dependents, including child support. Incluan unmarried partner, members of your household, your croommates. Do not include payments from a spouse. Do listed on line 3.	ide regular lependents	contr , pare	ibuti ents,	ons from and		\$_	0.00	\$_	0.00
5.	Net income from operating a business, profession, or farm	Debtor 1		Deb	tor 2					
	Gross receipts (before all deductions)	\$	0.00	\$_	0.00					
	Ordinary and necessary operating expenses	-\$	0.00	- \$_	0.00					
	Net monthly income from a business, profession, or farm	\$	0.00	\$_	0.00	Copy here	\$_	0.00	\$_	0.00
6.	Net income from rental and other real property	Debtor 1		Deb	tor 2					
	Gross receipts (before all deductions)	\$0	0.00	\$_	0.00					
	Ordinary and necessary operating expenses	-\$	0.00	- \$_	0.00					
	Net monthly income from rental or other real property	\$	0.00	\$_	0.00	Copy here	\$_	0.00	\$_	0.00

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Debtor 1 JAMES REUBEN BURTON DOCUMENT Page 46 of 73 Jr. Case number (if known)
First Name Middle Name Last Name

		Colur. Debto		Debt	or 2 or	
7.	Interest, dividends, and royalties	\$	0.00	\$	0.00	
	•			· -		
8.	Unemployment compensation	\$	0.00	\$_	0.00	
	Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:					
	For you \$\$					
	For your spouse					
9.	Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title.	\$	0.00	\$_	0.00	
10.	Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act; payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below.					
		\$		\$		
		\$		\$		
	Total amounts from separate pages, if any.	+ \$	0.00	+\$	0.00	
	Total amount it on copinato pages, it any.	Ψ_	0.00	. 4 _	0.00	
11.	Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.	\$	10000.00	+   \$	250.00	\$ 10250.00
	Column. Then add the total for Column A to the total for Column B.					Total current
						monthly income
P	Determine How to Measure Your Deductions from Income					
12	Copy your total average monthly income from line 11.					\$ 10250.00
						Ψ
13.	Calculate the marital adjustment. Check one: You are not married. Fill in 0 below					
	You are married and your spouse is filing with you. Fill in 0 below					
	You are married and your spouse is not filing with you.					
	Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid you or your dependents, such as payment of the spouse's tax liability or the spouse's su you or your dependents.			•		
	Below, specify the basis for excluding this income and the amount of income devoted to list additional adjustments on a separate page.	each pur	pose. If nec	essary,		
	If this adjustment does not apply, enter 0 below.					
		\$				
		\$				
		<b>*</b>				

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	-		+\$			
		Total	\$0.00	Copy here	<b>–</b>	0.00
14.	You	r current monthly income. Subtract the total in line 13 from line 12.			\$_	10250.00
15.	Calc	culate your current monthly income for the year. Follow these steps:				
	15a.	Copy line 14 here →			\$	10250.00
	Multi	ply line 15a by 12 (the number of months in a year).			x	12
	15b.	The result is your current monthly income for the year for this part of the form			\$_	123000.00
16.	Calc	rulate the median family income that applies to you. Follow these steps:				
	16a.	Fill in the state in which you live. NC				
	16b.	Fill in the number of people in your household. 4				
	16c.	Fill in the median family income for your state and size of household.			\$	99190.00
		nd a list of applicable median income amounts, go online using the link specified in th uctions for this form. This list may also be available at the bankruptcy clerk's office.	e separate			
17.	How	do the lines compare?				
	17a.	Line 15b is less than or equal to line 16c. On the top of page 1 of this form, chec 11 U.S.C. § 1325(b)(3). Go to Part 3. Do NOT fill out Calculation of Your Dispos			ned ur	nder
	17b.	Line 15b is more than line 16c. On the top of page 1 of this form, check box 2, <i>D</i> 11 U.S.C. § 1325(b)(3). <b>Go to Part 3 and fill out Calculation of Your Disposal</b> On line 39 of that form, copy your current monthly income from line 14 above.				
P	art 3	Calculate Your Commitment Period Under 11 U.S.C. § 1325(b)(4)				
18.	Cop	y your total average monthly income from line 11.			\$	10250.00
19.	calcu	uct the marital adjustment if it applies. If you are married, your spouse is not filing ulating the commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct paramount from line 13.				
	19a.	If the marital adjustment does not apply, fill in 0 on line 19a.			_\$	0.00
	19b.	Subtract line 19a from line 18.			\$_	10250.00
20.	Calc	ulate your current monthly income for the year. Follow these steps:				
	20a.	Copy line 19b.			\$	10250.00
	Multi	iply by 12 (the number of months in a year).			x	12
	20b.	The result is your current monthly income for the year for this part of the form.			\$_	123000.00
	20c.	Copy the median family income for your state and size of household from line 16c			\$_	99190.00

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Debtor 1 JAMES REUBEN BURTON DOCUMENT Page 48 of 73 Jr. Case number (if known)

First Name Middle Name Last Name

#### 21. How do the lines compare?

Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 3, *The commitment period is 3 years*. Go to Part 4.

Line 20b is more than or equal to line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 4, *The commitment period is 5 years*. Go to Part 4.

#### Part 4:

#### Sign Below

By signing here, under penalty of perjury I declare that the information on this statement and in any attachments is true and correct.

X

Signature of Debtor 1

Date  $\frac{02/22/2023}{\text{MM} \ / \ \text{DD} \ / \ \text{YYYY}}$ 

X

Signature of Debtor 2

Date <u>02/22/2023</u> MM / DD / YYYY

If you checked 17a, do NOT fill out or file Form 122C-2.

If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

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			Dogarrion	i ago io oi i
Fill in this infe	ormation to identify	your case:		
Debtor 1	JAMES	REUBEN	BURTON	Jr.
	First Name	Middle Name	Last Name	
Debtor 2 (Spouse, if filing)	SUSAN	HUNT	BURTON	
, , , , , , , , , , , , , , , , , , ,	First Name	Middle Name	Last Name	
United States E	Bankruptcy Court for the	: Western District o	f North Carolina	
Case number (If known)				

Check if this is an amended filing

#### Official Form 122C-2

## **Chapter 13 Calculation of Your Disposable Income**

04/22

To fill out this form, you will need your completed copy of Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period (Official Form 122C-1).

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

#### Part 1: Calculate Your Deductions from Your Income

The Internal Revenue Service (IRS) issues National and Local Standards for certain expense amounts. Use these amounts to answer the questions in lines 6-15. To find the IRS standards, go online using the link specified in the separate instructions for this form. This information may also be available at the bankruptcy clerk's office.

Deduct the expense amounts set out in lines 6-15 regardless of your actual expense. In later parts of the form, you will use some of your actual expenses if they are higher than the standards. Do not include any operating expenses that you subtracted from income in lines 5 and 6 of Form 122C–1, and do not deduct any amounts that you subtracted from your spouse's income in line 13 of Form 122C–1.

If your expenses differ from month to month, enter the average expense.

Note: Line numbers 1-4 are not used in this form. These numbers apply to information required by a similar form used in chapter 7 cases.

5. The number of people used in determining your deductions from income Fill in the number of people who could be claimed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. This number may be different from the number of people in your household.

2

National Standards

You must use the IRS National Standards to answer the questions in lines 6-7.

6. **Food, clothing, and other items:** Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for food, clothing, and other items.

\$ 1410.00

7. **Out-of-pocket health care allowance:** Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for out-of-pocket health care. The number of people is split into two categories—people who are under 65 and people who are 65 or older—because older people have a higher IRS allowance for health care costs. If your actual expenses are higher than this IRS amount, you may deduct the additional amount on line 22.

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Debtor 1 JAMES REUBEN BURT DOCUMENT Page 50 of 73 Jr. Case number (if known)

First Name Middle Name Last Name

People who are under 65 years of age 7a. Out-of-pocket health care allowance per person 7b. Number of people who are under 65 Copy 7c. Subtotal. Multiply line 7a by line 7b. 150.00 150.00 here -People who are under 65 years of age 7d. Out-of-pocket health care allowance per person 0.00 7e. Number of people who are under 65 Copy 7f. Subtotal. Multiply line 7d by line 7e. 0.00 0.00 here -150.00 7g. Total. Add lines 7c and 7f ..... Copy here -> 150.00

**Standards** You must use the IRS Local Standards to answer the questions in lines 8-15.

Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standard for housing for bankruptcy purposes into two parts:

- Housing and utilities Insurance and operating expenses
- Housing and utilities Mortgage or rent expenses

To answer the questions in lines 8-9, use the U.S. Trustee Program chart. To find the chart, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.

8. **Housing and utilities – Insurance and operating expenses:** Using the number of people you entered in line 5, fill in the dollar amount listed for your county for insurance and operating expenses.

658.00

1368.00

- 9. Housing and utilities Mortgage or rent expenses:
  - 9a. Using the number of people you entered in line 5, fill in the dollar amount listed for your county for mortgage or rent expenses.
  - 9b. Total average monthly payment for all mortgages and other debts secured by your home.

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Next divide by 60.

Name of the creditor		erage monthly ment				
CAROLINAS TELCO FCU	\$_	4850.00				
	\$ _					
	<b>+</b> \$					
9b. Total average monthly payment	\$_	4850.00	Copy here →	-\$_	4850.00	Repeat this amour on line 33a.

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Debtor 1 JAMES First Name Middle Name Last Name

	c. Net mortgage or rent expense.			
	Subtract line 9b (total average monthly parent expense). If this number is less than \$		\$ Copy here ->	\$0.00
•	claim that the U.S. Trustee Program's div liculation of your monthly expenses, fill in		•	\$
Explair why:	n			
11. Local	transportation expenses: Check the numb	er of vehicles for which you claim	an ownership or operating expense.	
	0. Go to line 14.	•		
	1. Go to line 12.			
	2 or more. Go to line 12.			
	le operation expense: Using the IRS Local ses, fill in the Operating Costs that apply for			\$640.00
each v	le ownership or lease expense: Using the /ehicle below. You may not claim the expense on, you may not claim the expense for more to	e if you do not make any loan or		
Vehic	Describe Vehicle 1: 2018 AUD	I Q7		
13a C	wnership or leasing costs using IRS Local S	tandard	\$ 1176.00	
			<del></del>	
	verage monthly payment for all debts secure to not include costs for leased vehicles.	d by venicle 1.		
	o not moidae ocoto for leaded vernoles.			
a cı	o calculate the average monthly payment he dd all amounts that are contractually due to ereditor in the 60 months after you file for ban y 60.	each secured		
ai ci b	dd all amounts that are contractually due to e reditor in the 60 months after you file for ban	each secured		
a cı b	dd all amounts that are contractually due to e reditor in the 60 months after you file for ban y 60.	each secured kruptcy. Then divide  Average monthly		
a cı b	dd all amounts that are contractually due to e reditor in the 60 months after you file for ban y 60.  Name of each creditor for Vehicle 1	each secured kruptcy. Then divide  Average monthly payment		
ar cr b <u>r</u>	dd all amounts that are contractually due to e reditor in the 60 months after you file for ban y 60.  Name of each creditor for Vehicle 1	Average monthly payment  742.00	-\$	nt
ar cr b	dd all amounts that are contractually due to e reditor in the 60 months after you file for ban y 60.  Name of each creditor for Vehicle 1  CAROLINAS TELCO FCU	Average monthly payment  \$ 742.00  Copy	on line 33b.	
an cr b C —	dd all amounts that are contractually due to e reditor in the 60 months after you file for ban y 60.  Name of each creditor for Vehicle 1  CAROLINAS TELCO FCU  Total average monthly payment	Average monthly payment  \$ 742.00  \$ 742.00  Copy here	on line 33b.	
ac cr b; C_ -	dd all amounts that are contractually due to e reditor in the 60 months after you file for ban y 60.  Name of each creditor for Vehicle 1  CAROLINAS TELCO FCU  Total average monthly payment let Vehicle 1 ownership or lease expense ubtract line 13b from line 13a. If this number	Average monthly payment  \$ 742.00  \$ 742.00  Copy here	on line 33b.	
arcinbinal	dd all amounts that are contractually due to e reditor in the 60 months after you file for ban y 60.  Name of each creditor for Vehicle 1  CAROLINAS TELCO FCU  Total average monthly payment let Vehicle 1 ownership or lease expense ubtract line 13b from line 13a. If this number	Average monthly payment  \$ 742.00  + \$ Copy here >	on line 33b.  Copy net Vehicle 1 expense here	
13c. N S Vehic	dd all amounts that are contractually due to e reditor in the 60 months after you file for bandy 60.  Name of each creditor for Vehicle 1  CAROLINAS TELCO FCU  Total average monthly payment let Vehicle 1 ownership or lease expense ubtract line 13b from line 13a. If this number cle 2  Describe Vehicle 2: 2012 CHE	Average monthly payment  \$ 742.00  + \$ Copy here >  is less than \$0, enter \$0	on line 33b.  Copy net Vehicle 1 expense here	

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Debtor 1 JAMES REUBEN BURT DOCUMENT Page 52 of 73 Jr. Case number (if known)

Last Name

Middle Name

First Name

Average monthly Name of each creditor for Vehicle 2 payment CAROLINAS TELCO FCU Copy Repeat this amount Total average monthly payment 316.00 here 🗕 316 00 on line 33c 13f. Net Vehicle 2 ownership or lease expense Copy net Vehicle 860.00 860.00 2 expense here Subtract line 13e from line 13d. If this amount is less than \$0, enter \$0. ..... 14. Public transportation expense: If you claimed 0 vehicles in line 11, using the IRS Local Standards, fill in the Public Transportation expense allowance regardless of whether you use public transportation. 15. Additional public transportation expense: If you claimed 1 or more vehicles in line 11 and if you claim that you may also deduct a public transportation expense, you may fill in what you believe is the appropriate expense, but you may not claim 0.00 more than the IRS Local Standard for Public Transportation. Other Necessary In addition to the expense deductions listed above, you are allowed your monthly expenses for the following IRS categories. **Expenses** 16. Taxes: The total monthly amount that you actually pay for federal, state and local taxes, such as income taxes, self-employment taxes, social security taxes, and Medicare taxes. You may include the monthly amount withheld 0.00 from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes. Do not include real estate, sales, or use taxes. 17. Involuntary deductions: The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs. 0.00 Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings. 18. Life insurance: The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of 38.00 life insurance other than term. 19. Court-ordered payments: The total monthly amount that you pay as required by the order of a court or administrative 0.00 agency, such as spousal or child support payments. Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35. 20. **Education:** The total monthly amount that you pay for education that is either required: 0.00 as a condition for your job, or ■ for your physically or mentally challenged dependent child if no public education is available for similar services. 21. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. 281.00 Do not include payments for any elementary or secondary school education. 22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. 350.00 Payments for health insurance or health savings accounts should be listed only in line 25

Case 23-30128 Doc 1 Filed 02/22/23 Entered 02/22/23 09:09:03 BURT DOCUMENT Page 53 of 73 Jr. Case number (if known) Debtor 1 **JAMES REUBEN** First Name Middle Name Last Name 23. Optional telephones and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of 0.00 income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet or cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Form 122C-1, or any amount you previously deducted. 24. Add all of the expenses allowed under the IRS expense allowances. 4821.00 Add lines 6 through 23. Additional Expense These are additional deductions allowed by the Means Test. **Deductions** Note: Do not include any expense allowances listed in lines 6-24. 25. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents. Health insurance 0.00 Disability insurance 32.00 Health savings account 0.00 Total 32.00 Copy total here -Do you actually spend this total amount? No. How much do you actually spend? Yes 26. Continuing contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of 0.00 your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b). 27. Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of 0.00 you and your family under the Family Violence Prevention and Services Act or other federal laws that apply. By law, the court must keep the nature of these expenses confidential. 28. Additional home energy costs. Your home energy costs are included in your insurance and operating expenses on line 8 If you believe that you have home energy costs that are more than the home energy costs included in expenses on line 8, 0.00 then fill in the excess amount of home energy costs. You must give your case trustee documentation of your actual expenses, and you must show that the additional amount claimed is reasonable and necessary.

You must give your case trustee documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in lines 6-23.

29. Education expenses for dependent children who are younger than 18. The monthly expenses (not more

\* Subject to adjustment on 4/01/25, and every 3 years after that for cases begun on or after the date of adjustment.

than \$189.58\* per child) that you pay for your dependent children who are younger than 18 years old to attend a private or

public elementary or secondary school.

0.00

First Name	Middle Name	Last Name						
30. Additional fo	ood and clothing expense	. The monthly amount by whic	h your actual food and	clothing	g expenses a	re	\$	0.00
		ing allowances in the IRS Nati ices in the IRS National Stand		amount (	cannot be mo	re		
		ditional allowance, go online u also be available at the bankr		in the s	eparate			
You must sho	w that the additional amou	nt claimed is reasonable and r	necessary.					
		The amount that you will conting anization. 11 U.S.C. § 548(d		form of	cash or finan	cial	+\$	0.00
	_	5% of your gross monthly incom						
	e additional expense dedu	uctions.				[		32.00
Add lines 25 t	hrough 31.						— ——	32.00
Deductions for	Debt Payment							
	at are secured by an inter ther secured debt, fill in li	est in property that you owr nes 33a through 33e.	n, including home mo	rtgages	s, vehicle			
		ayment, add all amounts that a s after you file for bankruptcy.						
		, ,	·	Avora	ige monthly			
Mantagaga				paym				
Mortgages on			_	•	4050.00			
			······→	\$_	4850.00			
_	first two vehicles:			_				
			_	\$_	742.00			
33c. Copy line	e 13e here		······	\$_	316.00			
33d. List othe	r secured debts:							
Name o	of each creditor for other d debt	Identify property that secures the debt	Does payment					
			include taxes or insurance?					
			No					
		_	Yes	\$_				
			No					
		_	Yes	\$_				
			No					
		_	Yes	+ \$ _				
33e Total ave	erage monthly payment. Ad	ld lines 33a through 33d		\$	5908.00	Copy total	\$	5908.00
	Siddo inclini v baviliciil. Au			- Ψ				5500

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Debtor 1 JAMES

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Debtor 1 **JAMES**  **REUBEN** 

First Name

Middle Name

Last Name

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34. Are any debts that you listed in line 33 secured by your primary residence, a vehicle, or other property necessary for your support or the support of your dependents?

No. Go to line 35.

Yes. State any amount that you must pay to a creditor, in addition to the payments listed in line 33, to keep possession of your property (called the cure amount). Next, divide by 60 and fill in the information below.

Name of the creditor	Identify property that secures the debt	Total cure amount		Monthly cure amount
		\$	÷ 60 =	\$
		\$	÷ 60 =	\$
		\$	÷ 60 =	+\$

Total



Copy total here -

0.00

35. Do you owe any priority claimssuch as a priority tax, child support, or alimony that are past due as of the filing date of your bankruptcy case? 11 U.S.C. § 507.

No. Go to line 36.

Yes. Fill in the total amount of all of these priority claims. Do not include current or ongoing priority claims, such as those you listed in line 19.

Total amount of all past-due priority claims .....

0.00

6500.00

÷ 60

36. Projected monthly Chapter 13 plan payment

Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alabama and North Carolina) or by the Executive Office for United States Trustees (for all other districts).

5.18

To find a list of district multipliers that includes your district, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

Average monthly administrative expense

Copy 336.70 total here 🗕

336.70

37. Add all of the deductions for debt payment. Add lines 33e through 36.

6244.70

#### **Total Deductions from Income**

38. Add all of the allowed deductions.

Copy line 24, All of the expenses allowed under IRS expense allowances ...... 4821.00

Copy line 32, All of the additional expense deductions .....

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Debtor 1 JAMES REUBEN BURT DOCUMENT Page 56 of 73 Jr. Case number (if known)

Last Name

Middle Name

First Name

	Copy line 37, All of the deductions for debt payment			+\$_	6244.70			
	Total deductions			\$_	11097.70	Copy total here	\$_	11097.70
Pai	t 2: Determine Your Disposable Income Under 1	1 U.S.C. § 1325(b	)(2)					
39.	Copy your total current monthly income from line 14 of Fo	orm 122C-1, <i>Chapter</i>	13				•	40050.00
	Statement of Your Current Monthly Income and Calculation of	Commitment Period.				•••	\$_	10250.00
40.	Fill in any reasonably necessary income you receive for so children. The monthly average of any child support payments disability payments for a dependent child, reported in Part I of received in accordance with applicable nonbankruptcy law to the necessary to be expended for such child.	, foster care payment Form 122C-1, that yo	ts, or ou	\$_	0.00			
41	Fill in all qualified retirement deductions. The monthly total employer withheld from wages as contributions for qualified respecified in 11 U.S.C. § 541(b)(7) plus all required repayments plans, as specified in 11 U.S.C. § 362(b)(19).	tirement plans, as		\$_	0.00			
42.	Total of all deductions allowed under 11 U.S.C. § 707(b)(2)	(A). Copy line 38 her	re →	\$_	11097.70			
43.	<b>Deduction for special circumstances</b> . If special circumstance expenses and you have no reasonable alternative, describe th and their expenses. You must give your case trustee a detailed special circumstances and documentation for the expenses.	e special circumstan	ces					
	Describe the special circumstances	Amount of expense						
		\$						
		\$						
		+\$						
	Total	\$	Copy here	+\$_				
44.	Total adjustments. Add lines 40 through 43			\$_	11097.70	Copy here	<b>&gt;-</b> \$_	11097.70
45.	Calculate your monthly disposable income under § 1325(b	<b>b)(2).</b> Subtract line 44	from line 39.				\$_	0.00
Pai	ct 3: Change in Income or Expenses							
46.	Change in income or expenses. If the income in Form 122Cor are virtually certain to change after the date you filed your b							

occurred, and fill in the amount of the increase.

open, fill in the information below. For example, if the wages reported increased after you filed your petition, check 122C-1 in the first column, enter line 2 in the second column, explain why the wages increased, fill in when the increase

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Debtor 1 JAMES

First Name Middle Name Last Name

Form	Line	Reason for change	Date of change	Increase or decrease?	Amount of change	
122C				Increase Decrease	\$	
122C				Increase	<u> </u>	
122C				Decrease	<u> </u>	
122C				Decrease .	\$	
122C				Increase Decrease	\$	
Part 4:	ign Below					
By signing h	ere, I declare	under penalty of perjury that the information	on this statement	and in any attac	hments is true and corr	ect.
X			<b>(</b>			
	of Debtor 1		Signature of Debt  Date 02/22/202			
	/ / DD / YYY	Y	MM / DD			

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			Dogarrion	1 ago 00 01 1
Fill in this infe	ormation to identify	your case:		
Debtor 1	JAMES	REUBEN	BURTON	Jr.
	First Name	Middle Name	Last Name	
Debtor 2 (Spouse, if filing)	SUSAN	HUNT	BURTON	
	First Name	Middle Name	Last Name	
United States E	Bankruptcy Court for the	: Western District o	f North Carolina	
Case number (If known)				

Check if this is an amended filing

#### Official Form 107

# Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

ntes Debtor 2 ed there
Same as Debtor 1
From
То

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Debtor 1 REUBEN **JAMES** 

> First Name Middle Name Last Name

Part 2: Explain the Sources of Your Income

4. Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

No

Yes. Fill in the details.

	Debtor 1:		Debtor 2:	
	Source of Income Check all that apply.	Gross income (before deductions and exclusions)	Source of Income Check all that apply.	Gross income (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:	Wages, commissions, bonuses, tips Operating Business	\$	Wages, commissions, bonuses, tips Operating Business	\$450.00
For last calendar year: (January 1 to December 31, 2022 YYYYY	Wages, commissions, bonuses, tips Operating Business	\$	Wages, commissions, bonuses, tips Operating Business	\$3700.00
For last calendar year before that: (January 1 to December 31, 2021 / YYYY	Wages, commissions, bonuses, tips Operating Business	\$200000.00	Wages, commissions, bonuses, tips Operating Business	\$ 500.00

5. Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

No

Yes. Fill in the details.

	Debtor 1:		Debtor 2:	
	Source of Income Describe below.	Gross income from each source (before deductions and exclusions)	Source of Income Describe below.	Gross income from each source (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:	TRADING CRYPTOCURRENCY	\$13000.00		\$ \$
		\$ \$		\$ \$
For last calendar year:		\$		\$
(January 1 to December 31, 2022 )		\$		\$
YYYY		\$		\$
For the calendar year before that:		\$		\$
(January 1 to December 31, <u>2021</u> )		\$		\$
YYYY		\$		\$

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BURT DOCUMENT Page 60 of 73 Jr. Case number (if known) Debtor 1 **JAMES** REUBEN

First Name Middle Name Last Name

Part 3:

List Certain Payments You Made Before You Filed for Bankruptcy

#### 6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?

No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$7,575\* or more?

No. Go to line 7.

Yes. List below each creditor to whom you paid a total of \$7,575\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

#### Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts.

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

No. Go to line 7.

Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

			Dates of payment	Total amount paid	Amount you still owe	Was this payment for
CAROLINAS TELC	O FCU		01/07/2022	\$ 9950.00	\$ 549980.00	Mortgage
Creditor's Name			12/12/2022			Car
PO BOX 668467			12/12/2022			Credit Card
Number Street						Loan Repayment
						Suppliers or vendors
CHARLOTTE	NC	28266-8467				Other
City	State	ZIP Code				·
			Dates of payment	Total amount paid	Amount you still owe	Was this payment for
CAROLINAS TELC	O FCU		01/10/2023	\$ 1505.00	\$ 21773.65	Mortgage
Creditor's Name			01/17/2023			Car
PO BOX 668467			01/11/2023			Credit Card
Number Street						Loan Repayment
						Suppliers or vendors
CHARLOTTE	NC	28266-8467				Other
City	State	ZIP Code				-
			Dates of payment	Total amount paid	Amount you still owe	Was this payment for
CAROLINAS TELC	O FCU		01/17/2023	\$ 642.54	\$ 10211.43	Mortgage
Creditor's Name			11/21/2022			Car
PO BOX 668467			/2 .//2022			Credit Card
Number Street						Loan Repayment

<sup>\*</sup> Subject to adjustment on 4/01/25 and every 3 years after that for cases filed on or after the date of adjustment.

Suppliers or vendors Other CHARLOTTE NC 28266-8467 City State ZIP Code Dates of Was this payment for ... Total amount paid Amount you still owe payment LENDING CLUB 12/16/2022 18332.00 Mortgage 1827.00 Creditor's Name Car 01/16/2023 Credit Card 595 MARKET STREET 02/16/2023 Number Street Loan Repayment Suppliers or vendors SUITE 200 Other SAN FRANCISCO CA 94105 City State ZIP Code Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony No. Yes. List all payments to an insider. Dates of **Total amount** Amount you still owe Reason for this payment payment paid Insider's Name Number Street City State ZIP Code Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider. Yes. List all payments that benefited an insider Dates of **Total amount** Amount you still owe Reason for this payment payment paid Include creditor's name \$ Insider's Name Number Street City ZIP Code State

Case 23-30128

REUBEN

Middle Name

Debtor 1

JAMES First Name Doc 1

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викт**фосиment** 

Last Name

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Case number (if known)

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Debtor 1 JAMES

First Name Last Name Middle Name

	Yes. Fill in the details.						
		Nature of the	case	Court or agency			Status of the case
	Case title NATAN HOLDINGS V JAMES REUBEN BURTON, SUSAN BURTON, AND DEI VITAE ENTERPRISES, LLC	CIVIL		CIRCUIT COURT OF THE NINETEET JUDICIAL CIRCUIT LAKE COUNTY, ILLINOIS Court Name  18 NORTH COUNTY STREET Number Street		COUNTY,	Pending On appeal Concluded
	Case number 22 LA 603						
				WAUKEGAN	IL	60085-4359	
				City	State	ZIP Code	
		Nature of the	case	Court or agency			Status of the case
	Case title FIFTH THIRD BANK, NA V	JUDGMENT	Γ FOR DEFAULT	MECKLENBURG	SUPERIC	R COURT	Pending
	DEI VITAE ENTERPRISES, LLC AND			Court Name			On appeal
	SUSAN H BURTON			832 EAST 4TH ST	REET		Concluded
				Number Street			
	Case number 22 CVS 11542			CHARLOTTE City	NC State	28202 ZIP Code	
Che	hin 1 year before you filed for bankrup		of your property rep	CHARLOTTE City	State	ZIP Code	seized, or levied?
Che	hin 1 year before you filed for bankrup ock all that apply and fill in the details belo No. Go to line 11.		of your property rep	CHARLOTTE City	State	ZIP Code	seized, or levied?
Che	hin 1 year before you filed for bankrup	ow.	of your property rep	CHARLOTTE City	State	ZIP Code	
Che	hin 1 year before you filed for bankrup ock all that apply and fill in the details belo No. Go to line 11.	ow.		CHARLOTTE City	State	ZIP Code	Value of the prop
Che	hin 1 year before you filed for bankrup ock all that apply and fill in the details belo No. Go to line 11.	ow.		CHARLOTTE City	State	ZIP Code	seized, or levied?  Value of the prope
Che	hin 1 year before you filed for bankrup tock all that apply and fill in the details belo No. Go to line 11. Yes. Fill in the information below.	D		CHARLOTTE City  cossessed, foreclose	State	ZIP Code	Value of the prop
he	hin 1 year before you filed for bankrup tock all that apply and fill in the details belo No. Go to line 11. Yes. Fill in the information below.	D	Describe the property	CHARLOTTE City  cossessed, foreclose	State	ZIP Code	Value of the prop
he	hin 1 year before you filed for bankrup ck all that apply and fill in the details below.  No. Go to line 11.  Yes. Fill in the information below.  Creditor's Name	D	Describe the property  Explain what happened  Property was rep	CHARLOTTE City  cossessed, foreclosed  cossessed.	State	ZIP Code	Value of the prop
Che	hin 1 year before you filed for bankrup ck all that apply and fill in the details below.  No. Go to line 11.  Yes. Fill in the information below.  Creditor's Name	D	Describe the property	CHARLOTTE City  cossessed, foreclosed  cossessed.	State	ZIP Code	Value of the prop

Case 23-30128 Doc 1 Filed 02/22/23 Entered 02/22/23 09:09:03 Page 63 of 73 Jr. викт**фосиment** Debtor 1 Case number (if known) **JAMES** First Name Middle Name Last Name Describe the action the creditor took Date action Amount was taken Creditor's Name Number Street Last 4 digits of account number: XXXX-State ZIP Code City 12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? No Yes Part 5: List Certain Gifts and Contributions 13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 Describe the gifts Dates you gave Value per person the gifts Person to Whom You Gave the Gift Number Street

Gifts with a total value of more than \$600 per person

Describe the gifts

Person to Whom You Gave the Gift

Number Street

City State ZIP Code

Person's relationship to you \_\_\_\_\_\_\_

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

No

Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities
that total more than \$600

Describe what you contributed
contributed

Value
contributed

			\$
Charity's Name	_		·
Number Street	_		
City State ZIP Code			
List Certain Losses			
in 1 year before you filed for bankruptcy	or since you filed for bankruptcy, did you lose anything b	necause of theft fi	re other
ster, or gambling?	or since you med for bank apicy, and you lose anything b	recause of their, in	re, other
No			
Yes. Fill in the details.			
Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.	Date of your loss	Value of prope lost
			\$
		I	
List Certain Payments or Transf	ers		
in 1 year before you filed for bankruptcy, consulted about seeking bankruptcy or p	, did you or anyone else acting on your behalf pay or trans	sfer any property	to anyone
de any attorneys, bankruptcy petition prepa	rers, or credit counseling agencies for services required in you	ır bankruptcy.	
No -			
No Yes. Fill in the details.			
	Description and value of any property transferred	Date payment or transfer was	Amount of pay
	Description and value of any property transferred		
	Description and value of any property transferred	transfer was	Amount of pay
Yes. Fill in the details.  Person Who Was Paid	Description and value of any property transferred	transfer was	
Yes. Fill in the details.	Description and value of any property transferred	transfer was	
Yes. Fill in the details.  Person Who Was Paid	Description and value of any property transferred	transfer was	
Yes. Fill in the details.  Person Who Was Paid	Description and value of any property transferred	transfer was	
Yes. Fill in the details.  Person Who Was Paid  Number Street	Description and value of any property transferred	transfer was	
Person Who Was Paid  Number Street  City State ZIP Code	Description and value of any property transferred	transfer was	

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Last Name

Middle Name

Debtor 1 JAMES

First Name

				_	
pr	ithin 1 year before you filed for bankrupto omised to help you deal with your credito onot include any payment or transfer that yo	rs or to make payments to your credito		nsfer any property	to anyone who
	No				
	Yes. Fill in the details.				
		Description and value of any property	, transforred	Date payment or	Amount of payme
		bescription and value of any property	, transierieu	transfer was	Amount of payme
				7	
	Person Who Was Paid	<u></u>			\$
	Number Street	—			
	<u></u>				
	City State ZIP Code				
w	ithin 2 years before you filed for bankrupt	cv. did you sell, trade, or otherwise tran	nsfer any property t	to anyone, other th	an property
D	o not include gifts and transfers that you have  No  Yes. Fill in the details.	ade as security (such as the granting of a sealready listed on this statement.	security interest of m	iongage on your pro	рену).
D	No		Describe any prop	erty or payments	
De	No	e already listed on this statement.  Description and value of property		erty or payments	Date transfe
De	No	e already listed on this statement.  Description and value of property	Describe any prop	erty or payments	Date transfe
De	No Yes. Fill in the details.	e already listed on this statement.  Description and value of property	Describe any prop	erty or payments	Date transfe
De	No Yes. Fill in the details.  Person Who Received Transfer	e already listed on this statement.  Description and value of property	Describe any prop	erty or payments	Date transfe
De	No Yes. Fill in the details.  Person Who Received Transfer	e already listed on this statement.  Description and value of property	Describe any prop	erty or payments	Date transfe
De	No Yes. Fill in the details.  Person Who Received Transfer  Number Street	e already listed on this statement.  Description and value of property	Describe any prop	erty or payments	Date transfe
	No Yes. Fill in the details.  Person Who Received Transfer  Number Street  City State ZIP Code Person's relationship to you	Description and value of property transferred	Describe any propreceived or debts p	erty or payments paid in exchange	Date transfe was made
w	No Yes. Fill in the details.  Person Who Received Transfer  Number Street  City State ZIP Code	Description and value of property transferred  Description and value of property transferred  Description and value of property transferred	Describe any propreceived or debts p	erty or payments paid in exchange	Date transfe was made
w	No Yes. Fill in the details.  Person Who Received Transfer  Number Street  City State ZIP Code Person's relationship to you  ithin 10 years before you filed for bankrup	Description and value of property transferred  Description and value of property transferred  Description and value of property transferred	Describe any propreceived or debts p	erty or payments paid in exchange	Date transfe was made
w	Person Who Received Transfer  Number Street  City State ZIP Code Person's relationship to you  ithin 10 years before you filed for bankrupe a beneficiary? (These are often called asserted)	Description and value of property transferred  Description and value of property transferred  Description and value of property transferred	Describe any propreceived or debts p	erty or payments paid in exchange	Date transfe was made
w	Person Who Received Transfer  Number Street  City State ZIP Code Person's relationship to you  ithin 10 years before you filed for bankrup e a beneficiary? (These are often called ass	Description and value of property transferred  Description and value of property transferred  Description and value of property transferred	Describe any propreceived or debts p	erty or payments paid in exchange	Date transfe was made
w	Person Who Received Transfer  Number Street  City State ZIP Code Person's relationship to you  ithin 10 years before you filed for bankrup e a beneficiary? (These are often called ass	Description and value of property transferred  Description and value of property transferred  Description and value of property transferred	Describe any propreceived or debts p	erty or payments paid in exchange	Date transfe was made
w	Person Who Received Transfer  Number Street  City State ZIP Code Person's relationship to you  ithin 10 years before you filed for bankrup e a beneficiary? (These are often called ass  No Yes. Fill in the details.	Description and value of property transferred  Description and value of property transferred  Description and value of property transferred	Describe any propreceived or debts p	erty or payments paid in exchange	Date transfe was made  which you  Date transfe
w	Person Who Received Transfer  Number Street  City State ZIP Code Person's relationship to you  ithin 10 years before you filed for bankrup e a beneficiary? (These are often called ass	Description and value of property transferred  Description and value of property transferred  Description and value of property transferred	Describe any propreceived or debts p	erty or payments paid in exchange	Date transfe was made  which you  Date transfe

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Last Name

Middle Name

Debtor 1 JAMES

First Name

Case 23-30128 Doc 1 Filed 02/22/23 Entered 02/22/23 09:09:03 BURT DOCUMENT Page 66 of 73 Jr. REUBEN Case number (if known) Debtor 1 **JAMES** First Name Middle Name Last Name Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. Yes. Fill in the details. Last 4 digits of account number Type of account or Date account was Last balance before instrument closed, sold, moved, closing or transfer or transferred Checking XXXX-Name of Financial Institution Savings Money market Number Street **Brokerage** Other City State ZIP Code 21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? Yes. Fill in the details. Do you still have it? Who else had access to it? Describe the contents No Name of Financial Institution Name Yes Number Street Number Street City State ZIP Code City State ZIP Code 22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? Yes. Fill in the details. Do you still Who else has or had access to it? Describe the contents have it? Name of Storage Facility Name Number Street Number Street

	First Name	Middle Name Las	t Name			
						No
						Yes
	City	State ZIP Code	City S	ate ZIP Code	_	
Part 9	Identify Prope	erty You Hold or Co	ntrol for Someone Else			
rart /	. racitily riopa	rty rournold or oo	Titror for Someone Else			
22 Da	vavi hald av aantval	my neamouty that come	ana alaa ayyna2 lualyda any			
	old in trust for some		one eise owns? include any	property you bo	orrowed from, are storing for	,
J						
	No					
	Yes. Fill in the details	i.				
			Mile and in the manuscripe		Describe the manager	Value
			Where is the property?		Describe the property	Value
						\$
	Owner's Name		_			
	Number Street		Number Street		-	
			_		_	
	City	State ZIP Code	City Sta	te ZIP Code	_	
Part 1	O: Give Details A	About Environmenta	al Information			
T dit i	o. Give Details P	ADOUT ETIVITOTITIETITE	ii iiiioiiiiatioii			
<b>Fau 4b a</b>		tha fallandan dafinitia				
For the	purpose of Part 10,	the following definition	ns apply:			
					on, contamination, releases	
					oundwater, or other medium	,
incli	uding statutes or reg	ulations controlling th	e cleanup of these substanc	es, wastes, or m	iaterial.	
				nental law, whetl	her you now own, operate, o	r
utili	ze it or used to own,	operate, or utilize it, ir	cluding disposal sites.			
■ Haz	ardous material mean	s anything an environ	mental law defines as a haza	rdous waste ha	zardous substance toxic	
			aminant, or similar term.	dous waste, na	zaraous substante, toxio	
Report	all notices, releases	, and proceedings that	you know about, regardless	of when they o	ccurred.	
-	•		· •	-		
24. <b>Has</b>	any governmental u	nit notified you that yo	ou may be liable or potential	y liable under or	r in violation of an environme	ental law?
	No	•	·			
	Yes. Fill in the details	i.				
			Governmental unit	Envi	ironmental law, if you know it	Date of notice
						200 0. 110000
	Name of site		Governmental unit			_
	Number Street		Number Street			

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Debtor 1 JAMES

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Business Name	RPRISES LL	LC	PARENT HOLDING COMPANY	<b>EIN</b> : 27-0616713
Business Name				27-0010/13
105 GRAHAM HA	LL COURT		_	
Number Street			Name of accountant or bookkeeper	Dates business existed
MATTHEWS	NC	28104	TOP DOG ACCOUNTING	From <u>07/20/2009</u> To
City	State	ZIP Code	_	
			Describe the nature of the business	Employer Identification number Do not include Social Security number or
CAROLINAS AGE Business Name	NT, INC		REAL ESTATE REFERRALS	<b>EIN:</b> 27-0859178
105 GRAHAM HA	LL COURT			
Number Street			Name of accountant or bookkeeper	Dates business existed
MATTHEWS	NC	28104	TOP DOG ACCOUNTING	From <u>08/31/2009</u> To
City	State	ZIP Code	_	
			Describe the nature of the business	Employer Identification number Do not include Social Security number or
KLMKH			OIL AND GAS	
Business Name			-	EIN: 82-2633612
11117 SAINTSBU	IRY PLACE			
Number Street			Name of accountant or bookkeeper	Dates business existed
			_ TOP DOG ACCOUNTING	
CHARLOTTE	NC	28277		From <u>08/23/2018</u> To
City	State	ZIP Code		
	you filed fo	r bonkruntov		
in 2 years before tutions, creditors, No Yes. Fill in the deta	, or other pa		did you give a financial statement to anyone  Date issued	e about your business? Include all financial
tutions, creditors, No	, or other pa			about your business? Include all financial
tutions, creditors, No Yes. Fill in the deta	, or other pa		Date issued	about your business? Include all financial

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Debtor 1 JAMES

First Name

Middle Name

Last Name

art 12:	Sign Below		
answei	read the answers on this Statement of Financial Affairs are true and correct. I understand that making a fal nection with a bankruptcy case can result in fines up a .C. §§ 152, 1341, 1519, and 3571.	se statement, concealing	property, or obtaining money or property by fraud
Y	x		
Sig	gnature of Debtor 1	Signature of Debtor 2	
Da	ate 02/22/2023	Date 02/22/2023	
<b>Did yo</b> u No	u attach additional pages to Your Statement of Financi	al Affairs for Individuals F	Filing for Bankruptcy (Official Form 107)?
Ye	s		
Did you	u pay or agree to pay someone who is not an attorney	to help you fill out bankru	uptcy forms?
No			
Ye	s. Name of Person		. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Fill in this inf	ormation to identify	your case:		
Debtor 1	JAMES	REUBEN	BURTON	Jr.
	First Name	Middle Name	Last Name	
Debtor 2 (Spouse, if filing)	SUSAN	HUNT	BURTON	
	First Name	Middle Name	Last Name	
United States B	Sankruptcy Court for the	Western District o	of North Carolina	
Case number (If known)				

# Mailing List

List contains the name and address of each entity included on Schedules D, E/F, G, H and Creditor Information.

CAROLINAS TELCO FCU		
PO BOX 668467		
CHARLOTTE	NC	28266-5305
UNION COUNTY TAX OFFICE		
PO BOX 38		
MONROE	NC	28111-0038
REGIONAL FINANCE		
3607 MATTHEWS MINT HILL ROAD		
SUITE 10		
MATTHEWS	NC	28105-4146
MARINER FINANCE		
14045 E INDEPENDENCE BLVD		
UNIT C2		
INDIAN TRAIL	NC	28079
NATIONAL FINANCE		
1102 SKYWAY DRIVE		
MONROE	NC	28110-3003
TOWN OF WEDDINGTON		
1924 WEDDINGTON ROAD		
WEDDINGTON	NC	28104
BALLANTYNE EMERGENCY PHYSICIANS	, PLLC	
501 SHELLEY DRIVE		
SUITE 300		
TYLER	TX	75701
CHASE BANK		
PO BOX 1423		
CHARLOTTE	NC	28201-1423

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Debtor 1 JAMES

First Name Middle Name

Last Name

CAPITAL ONE		
PO BOX 71087		
CHARLOTTE	NC	28272-9904
CREDIT ONE		
PO BOX 60500		
CITY OF INDUSTRY	CA	91716-0500
CREDIT ONE		
PO BOX 60500		
CITY OF INDUSTRY	CA	91716-0500
CAROLINAS TELCO FCU		
PO BOX 668467		
CHARLOTTE	NC	28266-8467
CAROLINAS TELCO FCU		
PO BOX 668467		
CHARLOTTE	NC	28266-8467
CARE CREDIT		
PO BOX 960061		
ORLANDO	FL	32896-0061
LOWES		
PO BOX 669807		
DALLAS	TX	75266-0759
PAY PAL CREDIT		
960006		
ORLANDO	FL	32896-0006
PAY PAL CREDIT		
PO BOX 960006		
ORLANDO	FL	32896-0006
BELK		
PO BOX 530940		
ATLANTA	GA	30353-0940

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Debtor 1 JAMES

First Name

Middle Name

Last Name

CITI BANK		
PO BOX 6286		
SIOUX FALLS	SD	57117-1002
HERNANDEZ LAWN CARE		
610 RED CEDAR LANE		
MONROE	NC	28110
LENDING CLUB		
595 MARKET STREET		
SUITE 200		
SAN FRANCISCO	CA	94105
NOVANT MEDICAL		
PO BOX 8471		
CORAL SPRINGS	FL	33075-8471